



COVID-19 Care Safety Handbook



Community Health Centers

- Banning
- Corona
- Hemet
- Indio
- Jurupa Valley
- Lake Elsinore
- Moreno Valley
- Palm Springs
- Perris
- Perris Valley
- Riverside Neighborhood
- Rubidoux
- RUHS Medical Center

Contents

| | | | Page | |
|------------------------|------------------------|--|--|----|
| Section 1 | 1.1 | Coronavirus Frequently Asked Questions | 3 | |
| | 1.2 | Preventing Spread in the Community | 4 | |
| | Understanding COVID-19 | 1.3 | Self-Monitoring to Prevent Spread | 5 |
| | | 1.4 | Managing Clinic Staff and Patients Exposed to or Diagnosed with COVID-19 | 6 |
| <hr/> | | | | |
| Section 2 | 2.1 | Staffing | 9 | |
| | | 2.2 | Communication | 9 |
| | Clinic Staff | 2.3 | Preventing Spread While Working in Clinic: Hand Hygiene | 10 |
| | Working | 2.4 | Personal Protective Equipment (PPE) | 13 |
| | Onsite in | 2.5 | N95 Mask Reuse Guidelines | 16 |
| | Clinic | 2.6 | Guidance on Other PPE | 16 |
| | | 2.7 | PPE Supplies Stock | 17 |
| | | 2.8 | Clinic Entry Employee and Visitor Screening | 19 |
| | | 2.9 | Rooming Patients | 21 |
| | | 2.10 | Environmental Cleaning | 22 |
| | | 2.11 | Prevention When Leaving the Worksite | 24 |
| <hr/> | | | | |
| Section 3 | 3.1 | Helpful Tips for Self-Care | 27 | |
| Care for the Caregiver | | | | |
| <hr/> | | | | |
| Section 4 | 4.1 | Documents and Video Resources | 29 | |
| | Resources | 4.2 | Contacts | 29 |
| | | 4.3 | Your CHC Support Team | 29 |

Section 1: Understanding COVID-19

1.1 Coronavirus Frequently Asked Questions

What is coronavirus?

According to the Centers for Disease Control (CDC) and the World Health Organization (WHO), Coronaviruses are a large family of viruses that are common in people and many different species of animals. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases.

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is called SARS-CoV-2. It is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

What is COVID-19?

COVID-19 is the infectious disease caused by the newly discovered coronavirus called SARS-CoV-2. On February 11, 2020 the WHO announced an official name for the disease that is causing the 2019 novel coronavirus outbreak. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

What are the common symptoms of COVID-19?

- Fever
- Cough
- Sore throat
- Shortness of breath
- Body ache
- Chills
- Fatigue
- Runny nose
- Congestion
- Headache
- Eye pain and/or ear pain/irritation
- Conjunctivitis
- Loss of taste and/ or smell
- Nausea
- Vomiting
- Diarrhea
- Any other new unexplained symptoms

How is COVID-19 spread?

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. Spread is more likely when people are in close contact with one another (within about 6 feet).

The virus can also be spread via surfaces, in addition to person to person spread. This is not thought to be the main way the virus spreads, but we are still learning more about this virus.

1.2 Preventing Spread in the Community

What are recommendations for the community?

In general, community members are encouraged to practice home quarantine, social distancing, and covering of the face when outside of the home.

- **Stay in Place**

You should remain in your home unless going to work or conducting essential activities such as grocery shopping, picking up prescriptions, or going to medical appointments.

- **Maintain Your Space**

Social distancing is to be practiced at all times. Maintain at least six (6) feet of distance between yourself and other individuals.

- **Cover Your Face**

At any time you are outside of your home, you wear a face covering. This includes, homemade masks, neck gaiters, or bandanas. Anything that completely covers your nose and mouth without holes.

- For updates on mitigation strategies, please go to the Riverside County RUHS Public Health website: <https://rivcoph.org/coronavirus>

What is the definition of quarantine?

Quarantine is used to **keep someone who may have been exposed to COVID-19 away from others**. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

What is the definition of isolation?

Isolation assigns specific areas or rooms for patients with contagious or infectious diseases. In the home, anyone sick should separate themselves from others by staying in a specific “sick” bedroom or space and using a different bathroom (if possible). Keeping contagious persons away from others can help to slow or prevent the spread of the disease.

For more information on quarantine and isolation, visit the Riverside County Public Health website at: <https://www.rivcoph.org/coronavirus> and click on “Home Isolation Instructions for People with COVID-19” and “Instructions for Persons Under Home Based Quarantine.”

1.3 Self-Monitoring to Prevent Spread

Along with proper handwashing hygiene and appropriate use of Personal Protective Equipment (PPE) outlined in **Section 2.4**, self-monitoring is an important tool in preventing the spread of COVID-19.

You should monitor for symptoms twice a day. The first symptom check should occur prior to going to your clinic site. The second check should occur approximately 12 hours later near the end of the day. Symptoms to monitor include, but are not limited to:

- Fever
- Cough
- Sore throat
- Shortness of breath
- Body ache
- Chills
- Fatigue
- Runny nose
- Congestion
- Headache
- Eye pain and/or ear pain/irritation
- Conjunctivitis
- Loss of taste and/ or smell
- Nausea
- Vomiting
- Diarrhea
- Any other new unexplained symptoms

If you are experiencing any of the symptoms listed above, initiate the following sequence:

1. Stay at home if you have not left for work yet
2. Do not enter the clinic if you are already on the premises
3. Contact the clinic immediately and report your symptom status to your supervisor
4. Return/stay home to start quarantine and home isolation protocol (see **Section 1.4**)
5. Seek medical attention if indicated

1.4 Managing Individuals Who Have Been Exposed to or Diagnosed with COVID-19

1.4.1 What should be done if a staff member is exposed to an individual with COVID-19?

A staff member who has been exposed are to be categorized as symptomatic or asymptomatic and adhere to the following protocol:

1. Exposed – Asymptomatic

- 14-day quarantine, instruct home isolation
 - Check temperatures twice daily (see **Self-Monitoring Log** at end of **Section 1.4.1**)
 - Monitor for respiratory symptoms
 - If source patient is ruled out with NEGATIVE COVID-19 test result, discontinue quarantine
- **If allowed by employer, may continue work wearing surgical face mask**
- If ANY symptoms, exclude from work and refer for COVID-19 testing (see below)
- Even if staff is tested and result is NEGATIVE, **completion of 14-day quarantine is still required** if patient result status is POSITIVE or unknown

2. Exposed – Symptomatic

- Exclude from work, 14-day quarantine, instruct home isolation
 - Check temperatures twice daily
 - Monitor for respiratory symptoms
- Refer for COVID-19 testing
 - Continue home isolation while test is pending
 - If test is NEGATIVE and no longer symptomatic:
 - If source patient is ruled out with NEGATIVE COVID-19 test result, discontinue isolation and clear for return to work
 - If source patient was POSITIVE, complete 14-day quarantine. If allowed by employer, may return to work wearing surgical face mask when completely asymptomatic and afebrile for 72 hours
 - If test is NEGATIVE, but patient is still symptomatic, an individualized assessment of other potential diagnoses (ex: flu) is required for whether repeat testing may be indicated

Self-Monitoring Log

Name _____ Unit Self-Monitor Log

| Day | Date | Fever (> 100.4F) | | Cough | | Sore Throat | | Other |
|--------|------|------------------|---------|-------|---|-------------|---|-------|
| | | 9:00 AM | 9:00 PM | | | | | |
| Day 1 | | Y N | Y N | Y | N | Y | N | |
| Day 2 | | Y N | Y N | Y | N | Y | N | |
| Day 3 | | Y N | Y N | Y | N | Y | N | |
| Day 4 | | Y N | Y N | Y | N | Y | N | |
| Day 5 | | Y N | Y N | Y | N | Y | N | |
| Day 6 | | Y N | Y N | Y | N | Y | N | |
| Day 7 | | Y N | Y N | Y | N | Y | N | |
| Day 8 | | Y N | Y N | Y | N | Y | N | |
| Day 9 | | Y N | Y N | Y | N | Y | N | |
| Day 10 | | Y N | Y N | Y | N | Y | N | |
| Day 11 | | Y N | Y N | Y | N | Y | N | |
| Day 12 | | Y N | Y N | Y | N | Y | N | |
| Day 13 | | Y N | Y N | Y | N | Y | N | |
| Day 14 | | Y N | Y N | Y | N | Y | N | |

Bring this Log completed to your manager

Figure 1. Self-Monitoring Log for symptoms

1.4.2 What should be done if a staff member is diagnosed with COVID-19?

Staff members with POSITIVE COVID-19 test results are categorized into symptomatic and asymptomatic pathways:

1. POSITIVE COVID-19 Test

- **Symptomatic - Symptomatic HCW with suspected or confirmed COVID-19:**

 - Remain on home isolation until:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (ex: cough, shortness of breath) **and**
 - At least 10 days have passed since last POSITIVE test
 - Must be cleared by Department of Public Health - Clearance letter will be provided. Contact Public Health Nurse at **(951) 955-6483**

- **Asymptomatic - HCW with laboratory-confirmed COVID-19 who have not had any symptoms:**

 - Remain on home isolation until:
 - 10 days have passed since the date of their first POSITIVE COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their first POSITIVE test
 - If they develop symptoms, then the protocol for symptomatic individuals should be followed
 - Must be cleared by Department of Public Health - Clearance letter will be provided. Contact Public Health Nurse at **(951) 955-6483**

1.4.3 What other options do HCW have for work if they have been exposed to an individual with COVID-19 or their result returns POSITIVE?

See **Section 1.4** for options for return to work using masks if allowed by employer. Other options that may be available but are not limited to include working-from-home or taking sick time. Discuss what options are available with your supervisor and Human Resources department.

1.4.4 What should be done if an ambulatory clinic patient (non-HCW) is symptomatic, currently diagnosed, or has previously had a POSITIVE COVID-19 result? When can the patient return to the clinic after the POSITIVE result?

All patients are to be screened at the clinic entry using the screening protocols outlined in **Section 2.8**. Ideally, a patient with symptoms or active COVID-19 should be identified by the clinic entry screening protocol. The patient is to be offered the options outlined in **Section 2.8.3** and advised to remain quarantined in home isolation. When considering patient reentry to clinic, **Riverside County Public Health has adopted modified non-test-based criteria for clearance of COVID-19 POSITIVE patients. Retesting for clearance is not generally recommended. Recommendations are based on the presence of symptoms:**

1. Persons who have POSITIVE test results for COVID-19 who have symptoms and were directed to care for themselves at home must remain on home isolation until they:

- Have been afebrile for 72 Hours without fever reducing medications
- **AND** has shown improvement in respiratory symptoms for at least 72 hours
- **AND** at least 10 days since last POSITIVE COVID-19 test
- **UNLESS** otherwise directed by Public Health - Call (951) 955-9099

2. Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when:

- 10 days have passed since the date of their first POSITIVE COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their POSITIVE test
- If they develop symptoms, then the protocol for symptomatic individuals should be followed

Clearance by Primary Care Providers:

Primary Care Providers are requested to instruct their patients and provide clearance for work per the guidelines above. (Please note, health care workers require additional clearance through their employers and Public Health).

Section 2: Working Onsite in the Clinic

2.1 Staffing

- Maintain an updated staff roster that includes staff name, contact number, emergency contact, work schedule, and reassignment dates with clinic locations.
 - Team Roster (File available from Clinic Managers):

| (CHC Name) Staff Roster | | | | |
|-------------------------|--------------|--------------------------|----------------------------|----------------------|
| NAME | PHONE NUMBER | EMERGENCY CONTACT NUMBER | OTHER FACILITIES SUPPORTED | DATE OF LAST SUPPORT |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Figure 2. Staff Roster

- Each clinic is to have an incident management framework at each site, including a crisis phone tree to help share information quickly and effectively.

2.2 Communication

- Chain of Communication:



Figure 3. Clinic chain of communication

▪ Crisis Phone Tree:

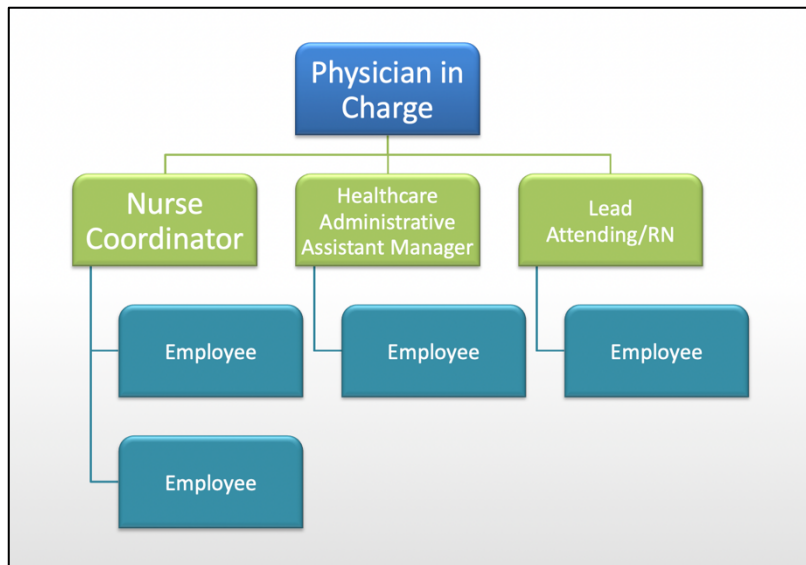


Figure 4. Crisis phone tree

2.3 Preventing Spread While Working in Clinic

PREVENT THE SPREAD OF COVID-19 AT ESSENTIAL WORK SPACES

STAY HOME IF YOU ARE SICK

- Stay home except to get medical care.
- Call ahead before visiting your doctor.
- If the employee is at work when the symptoms develop, they should be sent home immediately.



COVER YOUR FACE

- Use a face covering such as a bandana, fabric mask, or neck gaiter to cover your nose and mouth.
- Note:** Do not purchase N95 or surgical masks. They are in short supply and needed by health care professionals.



MAINTAIN YOUR SPACE

- Maintain a distance of at least 6 feet from other coworkers during work and breaks.
- Avoid sharing personal items with coworkers (i.e., food, dishes, cups/drinks, gloves, cell phones, hats & bandanas.)
- Limit visitors to those necessary for work operations.



SANITIZE WORK SPACES AND CLEAN HANDS OFTEN

- Clean and disinfect frequently touched surfaces and common areas daily.
- Employees should wash their hands with soap and water for at least 20 seconds or use a hand sanitizer that contains at least 60% alcohol.



BE SAFE OUTSIDE OF WORK

- Stay home as much as possible and only go out for essential travel.
- Follow these standard operating procedures while the California "Safer at Home" orders are in effect.



FOR MORE INFORMATION, VISIT RIVCOPH.ORG/CORONAVIRUS

Updated: April 11, 2020
Adapted from Agricultural Worker Protection Guidelines During COVID-19 Crisis
Images from the Centers for Disease Control and Prevention (CDC)

Figure 5. Riverside County recommendations for preventing infection in the workplace

2.3.1 Hand Hygiene Supplies

- Ensure hand hygiene supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in patient care areas, including areas where healthcare professionals remove personal protective equipment
- Sinks are to be well-stocked with soap and paper towels and hand sanitizers are to be replaced as needed
- Assign staff member to stock supplies daily
- Ensure hand hygiene supplies are stored in protected locked areas
- Follow established supply log protocols

2.3.2 Hand Hygiene Protocol

All clinic staff are to consistently follow hand hygiene protocols:

- **Before and after ALL patient encounters**
- Before putting on and after removing personal protective equipment (PPE)
- At the beginning and end of shifts
- Before and after eating
- After using the restroom
- Other times throughout the day to limit possible spread

2.3.3 Handwashing

- **Health care professional are to always use proper hand hygiene and wash with hot water and soap for at least 20 seconds.** (see **Handwashing Instructions** at end of **Section 2.3.3**)
- Clinics are to audit the healthcare professional staff, to ensure that they are following the recommended hand hygiene practices
- CHC Hand Hygiene Observation Tool (File available from Clinic Managers):


| Community Hand Hygiene Observational Tool | | | | | | | | |
|---|-----------------------------------|--|--|--------------|--|---|-----------------|------------------------|
| CHC: _____ Date(s) of Audit: _____ Auditor: _____ | | | | | |  | | |
| Staff Name | Designation of Staff Member/ Band | Describe opportunity for hand hygiene? | Staff member observed performing 7-step hand hygiene technique? i.e. was opportunity taken | If not, why? | Was the staff member "bare below the elbow" while cleaning their hands? (i.e. no clothing below the elbow, no wristwatch, no stoned rings, not wearing nail polish/artificial nails) | Did the staff member know the five moments for hand hygiene: (1) Before patient contact (2) Before aseptic task (3) After body fluid exposure risk (4) After patient contact (5) After contact with patient surroundings | Staff Signature | Team Manager Signature |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Figure 6. Hand hygiene observation tool

Instructions for proper handwashing technique:

| | | |
|--|---|--|
| | | |
| <p>Wet hands with water</p> | <p>apply enough soap to cover all hand surfaces.</p> | <p>Rub hands palm to palm</p> |
| | | |
| <p>right palm over left dorsum with interlaced fingers and vice versa</p> | <p>palm to palm with fingers interlaced</p> | <p>backs of fingers to opposing palms with fingers interlocked</p> |
| | | |
| <p>rotational rubbing of left thumb clasped in right palm and vice versa</p> | <p>rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.</p> | <p>Rinse hands with water</p> |
| | | |
| <p>dry thoroughly with a single use towel</p> | <p>use towel to turn off faucet</p> | <p>...and your hands are safe.</p> |

Figure 7. Instructions for proper handwashing technique

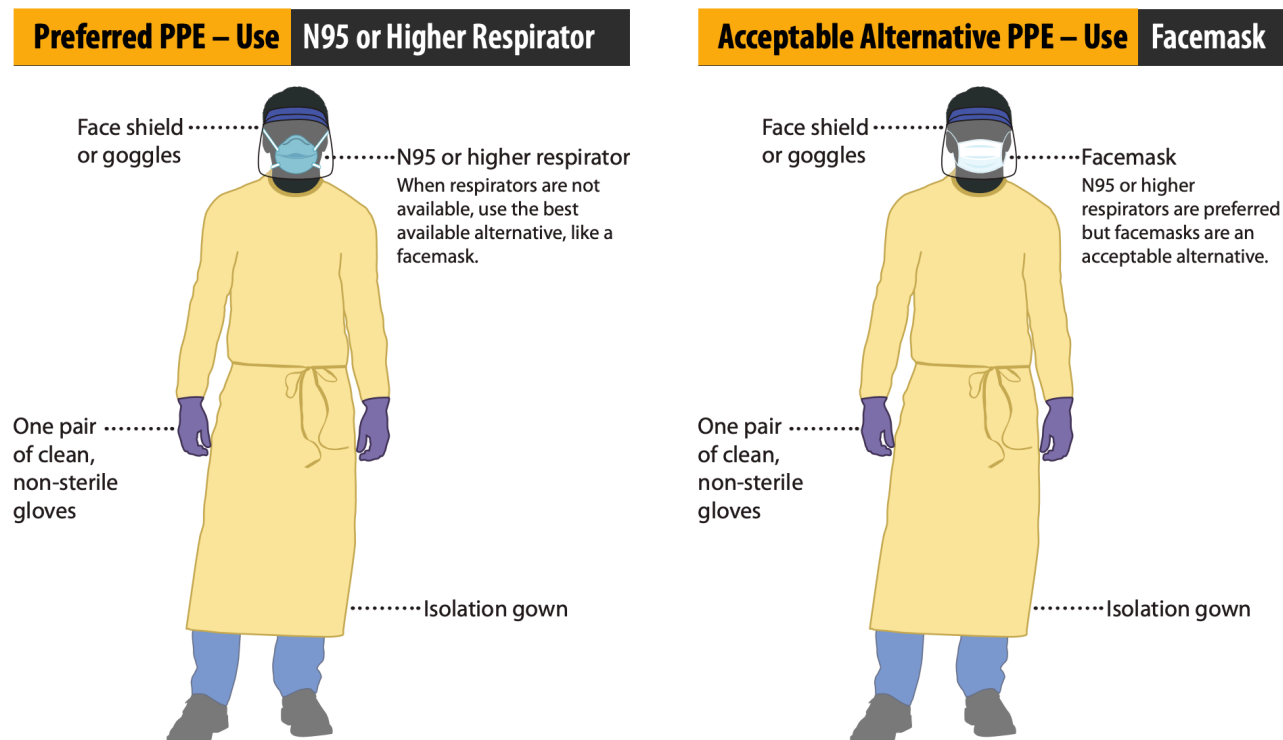
2.4 Personal Protective Equipment (PPE)

Transmission-Based Precautions are to be practiced in the setting of suspected or confirmed COVID-19 cases. These transmission-based precautions include:

- Standard precautions
- Contact precautions
- Droplet Plus Eye Protection precautions

Wear the recommended PPE for the level of patient care and post signage on the appropriate steps for donning and doffing PPE. Examples of PPE are:

- Gowns
- Masks
- Respirators
- Face shields
- Eye protection such as goggles
- Gloves



CS 315838-C 03/23/2020

Figure 8. Types of PPE

cdc.gov/COVID19

2.4.1 Donning and Doffing of PPE

The PPE donning and doffing (putting on and taking off) sequence has been established to prevent contamination of clothing, skin, or mucous membranes.

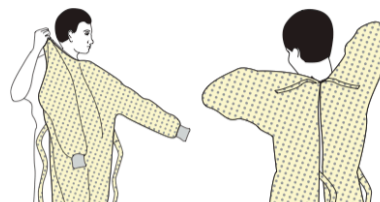
Donning:

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 nose bridge
- Fit snug to face and below chin
- Fit-check respirator



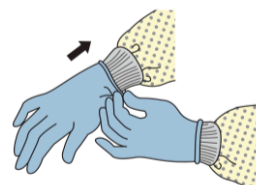
3. GOGGLES OR FACE SHIELD

- 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



Figure 9. Instructions for proper PPE donning technique

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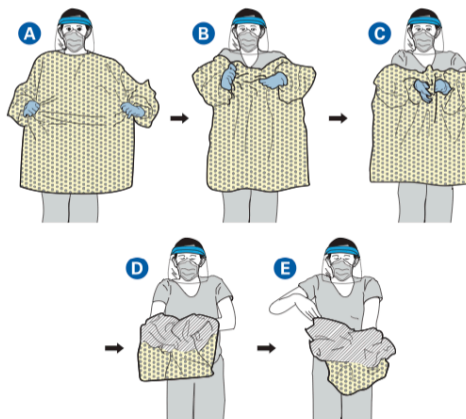
Doffing:

**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



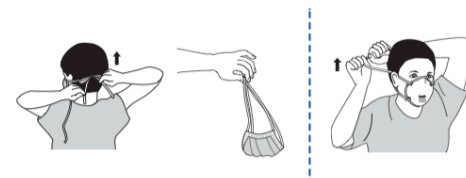
2. GOGGLES OR FACE SHIELD

- 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

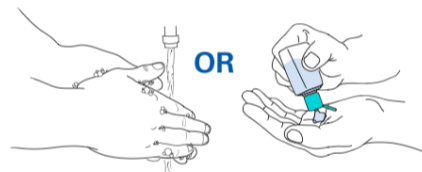


3. MASK OR RESPIRATOR

- 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



Figure 10. Instructions for proper PPE doffing technique

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- Video link for putting on and taking off (donning and doffing) PPE: <https://www.youtube.com/watch?v=t1lxq2OUy-U>
- Clinics are to have a process for auditing the healthcare professional staff, to ensure that they are following the recommended PPE usage guidelines

2.5 N95 Mask Reuse Guidelines

In the event extended use or reuse of N95s becomes necessary, the same worker is permitted to extend use of or reuse the respirator, as long as the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated (e.g., with blood, oil, paint, etc.). Employers must address in their written Respiratory Protection Program (RPP) the circumstances under which a disposable respirator will be considered contaminated and not available for extended use or reuse. Users should perform a user seal check each time they don a respirator and should not use a respirator on which they cannot perform a successful user seal check. If reuse of respirators is necessary, an appropriate sequence for donning/doffing procedures should be used to prevent contamination, and training needs to address appropriate donning/doffing procedures (see **Section 2.4.1**).

- **N-95 mask** recommended reuse per Public Health guidelines:
 - Based on CDC guidance, N95s can be used for up to five (5) donnings unless manufacturers label explicitly states another number, or the mask is damaged or difficult to breathe through
 - Each individual is assigned four masks which they rotate through each day while allowing the mask to dry out for 3-4 days
 - Discard N95 respirators following use during aerosol generating procedures.
 - Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
 - Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions
 - Consider use of a cleanable face shield over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination
 - Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit)
 - Write your name on the mask and save it in a brown paper bag when not in use
 - Use a new paper bag after each use

2.6 Guidance on Other PPE

Other PPE may need to be reused due to availability during emergency situations. The follow are recommendations for the **use and reuse of other PPE**:

- **Surgical mask:**
 - Clinic staff are to wear a surgical face mask when participating in direct patient care
 - Surgical face masks are to be changed:
 - When soiled
 - Has been exposed to fluid splashes

- If mask is causing difficulty breathing
 - At least once a day
 - No fabric masks for staff involved in direct patient care
 - Fabric masks may be worn in non-patient care areas
 - NIOSH and CALOSHA guidelines allow surgical masks to be used for lower hazard tasks involving patient contact when there is a shortage of N95s. However, surgical masks may not be used during high hazard (aerosol generating) procedures or nasopharyngeal and oropharyngeal swab specimens.
- **Face shields:**
 - Wear face-shields completely covering the face, the eyes, and the N95 mask
 - Face shields are reusable for several days/weeks, until damaged.
 - Clean and disinfect with bleach inside and outside of the face shield
 - Face shields are to be left at the clinic after the end-of-day disinfection for the next shift
- **Gowns:**
 - If disposable gowns are indicated for use, they can be reused with different patients for the entire shift, unless visibly soiled, have fluid splashes, or if the patient has another infectious disease (e.g. *C. difficile*)
 - Gowns are to be prioritized for:
 - Aerosol-generating activities
 - Care activities where splashes and sprays are anticipated
 - High-contact patient care activities where pathogens may be transferred to hands and clothing of the staff member
 - Care in Car lines and other testing site activities
- **Gloves:**
 - Wear gloves during patient care
 - New gloves are to be used with each encounter when indicated
 - Gloves are to be disposed of properly after each encounter
- **Head covers:**
 - If head covers are indicated, they can be worn for the entire shift
- **Shoe covers:**
 - If shoe covers are indicated, they can be worn for the entire shift

Notes on PPE use

- **Do not go outside of any area wearing full PPE**, except a surgical mask
- **Do not eat or drink while wearing PPE (face shield, mask, gloves or gown)**
- **Do not use fabric masks at any time while you are wearing full PPE's.**
- Fabric masks are to be washed every day
- **Wash your hands** frequently or use **alcohol gel** between patients, between procedures on the same patient, and when touching your mask
- Exercise care **when removing** PPE, follow doffing protocol (see **Section 2.4.1**)
- Disposable PPE is to be placed in **regular trash containers**
 - Do not use red biohazard bags

2.7 PPE Supplies Stock

- PPE and other infection prevention and control supplies are to be stocked and readily accessible for use. This includes face masks, gowns, gloves, goggles, and hand hygiene supplies used for both healthcare workers protection and source control for infected patients.
- **Medical and Health Outpatient Area (MHOAC) Process**
 - The Medical and Health Outpatient Area (MHOAC) process is used to request staffing and supplies from the County during an emergency. Links to the document and the contact information for more assistance is referenced in the resources. Below is a link to a video that explains the process in more detail.
 - MHOAC Process video link: <https://vimeo.com/410400578/313b8eaf54>

2.8 CHC Entry Employee and Visitor Screening

Staff members and security will be stationed at clinic entrances to conduct screenings. Upon arrival to the CHC all clinic staff, patients, and visitors should have their own cloth face covering. If patient does not have their own face covering, a donated cloth face covering can be provided or surgical mask (supply contingent). This does not apply to children under the age of 2, any patient presenting with respiratory complaints and/or anyone unable to remove the mask without assistance (per CDC).

2.8.1 Employee Clinic Entry Screening Process:

1. Completion of screening questionnaire
 - a. If **POSITIVE**, remain outside of clinic and notify supervisor immediately
 - b. Return home to start quarantine and home isolation protocol (see **Section 1.4**)
2. Temperature check
 - a. If temperature is above 100°F, remain outside of clinic and notify supervisor immediately
 - b. Return home to start quarantine and home isolation protocol (see **Section 1.4**)
3. Disinfection of hands using alcohol-based sanitizer
4. Distribution of surgical face mask to the employee

2.8.2 Patients and Visitors Clinic Entry Screening Process:

1. Completion of screening questionnaire
 - Screener greets patients prior to entering the clinic and performs/handwrites screening questionnaire (do not hand patients/visitors pen or paperwork)
 - See protocol below (**Section 2.8.3**) for **POSITIVE** and **NEGATIVE** screening results to determine waiting location for patient
 - Questionnaire is provided to ACC for entry into Epic EHR
2. Temperature check
 - Temperature (oral, ear, temporal) is performed. If temperature is greater than 100°F, patient is to be immediately placed in isolation room or instructed to wait in their vehicle per protocol outlined in **Section 2.8.3**.
3. Disinfection of hands using alcohol-based sanitizer gel
 - Screener instructs patient to sanitize hands
4. Advising of patients and visitors to wear cloth face coverings throughout visit
 - Face coverings are to be worn while in clinic throughout visit, when exiting rooms, having labs drawn, completing EKGs, utilizing bathroom facilities, etc. unless instructed to be removed by staff or provider for activities such as vitals and physical examination
 - Note: Patients declining to wear face coverings while in clinic are to be advised of the CHC clinic policy on face coverings. If patient is not adhering to policy, the following options are to be provided:
 - Patient directed to return to vehicle and a virtual visit will be arranged
 - Rescheduling of visit

2.8.3 Options for POSITIVE or NEGATIVE CHC entry patient screening results:

- **Option 1 for POSITIVE patient screener: Mobile Visit**
 - Provide a surgical face mask
 - Record mobile phone number for contacting the patient
 - Instruct patient to return to their vehicle to complete the registration process
 - Inform patient that their visit will be converted to a “mobile visit.” ***Or***
- **Option 2 for POSITIVE patient screener: Isolation Room**
 - Provide a surgical face mask
 - Immediately taken to the negative pressure room or designated “sick/isolation” room
 - Registration is to be completed via phone if possible or at bedside (ACC with proper PPE)
 - The door is to remain closed throughout the entire patient visit and for a minimum of 2 hours after patient discharge.
 - **If the room and/or “sick” waiting area is unavailable:** Record patient’s mobile phone number and direct patient to remain in their vehicle until one of the two controls can be safely implemented.
- **NEGATIVE patient screener: Waiting room 6 feet apart**
 - Waiting rooms are to be arranged so that patients who have screened NEGATIVE are able to wait in designated areas that are separated by a distance of 6 feet
 - Lines to the front desk and bathroom are to have markings on the ground to allow for 6 feet distance between individuals

2.8.4 Visitors other than Patients

Family Members and Visitors Accompanying Patients

- Prohibit visitors from entering the clinic unless essential
- Limit presence of family members accompanying patients to only essential individuals
- Any accompanying family members and visitors present are to sit grouped with patient and separated by 6 feet from other parties to avoid clustering
- Any accompanying family members and visitors are to use cloth face coverings throughout the duration of the visit
- Post signs instructing permitted visitors not to enter if they are sick

Contactors and Outside Vendors

- Contractors and outside vendors are not to regularly enter the clinic
- Designated staff can meet the individual at the door to receive or provide necessary items (e.g. lab specimens, deliveries, etc.)
- If the contractor or vendor must enter the clinic, they are to be screened as outlined above
- Face coverings and appropriate PPE are to be worn

2.9 Rooming Patients

2.9.1 Patient Examination Rooms

- Staff taking care of the patient are to follow Contact and Respiratory Precautions
- Ensure weighing scale, height measurement, vitals machine, exam table, chair, pen, clipboard, etc. have been disinfected prior to use (see **Section 2.10**)
- Each clinic is to designate rooms for POSITIVE screener and NEGATIVE screener patients
- Utilizing the data collected from CHC Entry Screening, staff is to categorize patients into POSITIVE and NEGATIVE screeners to guide patient to appropriately designated room (see **Section 2.8.3**).
- Instruct patient to continue use of face covering and to remain in examination room until seen by provider

2.9.2 Patient Movement Within the Clinic

- Clinics are to identify predetermine routes within the clinic that are specified to the reason for visit
- Rooming staff is to call patient from waiting area to be guided to examination room
- Opening of doors along the route to the examination room is to be managed by staff when possible
- Examples of different routes to consider are:
 - Visit with provider (primary care, behavioral health, dental, specialty, etc.)
 - Laboratory draw
 - Radiology
 - Employee entry/exit
 - POSITIVE screener patient entry/exit
- Items to consider when mapping routes are:
 - Starting point / waiting area
 - Separate one-way flow of patients (if available based on clinic space)
 - Separate entrance/exit (if available based on clinic space or for POSITIVE screener patients)
 - Signage in appropriate languages and floor markings to identify waiting/receiving points, instructions, etc.
 - Mechanism to identify patient reason for visit (provider, lab, etc.)
 - Communication strategy to determine if receiving area at destination is ready to accept patient
 - Assignment of staff member to chaperone patient to destination
 - Protocol for chaperoning staff to open all doors to decrease surface contact
 - Areas along route where access to sanitizing gel dispensers would be critical
 - Receiving area at destination for patient to wait
 - Communication strategy for notifying receiving area staff that patient is present
 - Mechanism for notifying staff that patient has completed the clinic activity and will require a chaperone to exit
 - Strategy to minimize wait times at starting/destination points

2.10 Environmental Cleaning

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings
- For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Clinics must have a plan to ensure proper cleaning and disinfection of environmental surfaces and equipment in the examination room
 - Examination rooms are to be cleaned between patients
 - Ensure non-dedicated equipment (ophthalmoscopes, otoscopes, computers, EKG machine, mayo stands, etc.) are cleaned and disinfected after use according to the manufacturer's recommendations
 - Public area door handles and high-touch areas are to be cleaned on an hourly schedule
 - Restrooms high-touch areas such as door and faucet handles are to be cleaned on an hourly schedule
 - Clinics are to establish a cleaning schedule with assigned staff responsible for cleaning on an hourly basis
- All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the clinic (check containers for specific guidelines).
- **Dwell time (contact time):** The amount of time disinfectant needs to remain wet on surface in order to effectively destroy intended pathogen. Common product dwell times:
 - **Clorox Healthcare Bleach Germicidal Wipes (Blue Top)** have a recommended dwell time of 1 minute for viruses (3 minutes for other organisms)
 - **Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes (Green Top)** have a recommended dwell time of 1 minute for viruses (3 minutes for other organisms)
 - **Super Sani-Cloth (Purple Top)** have a recommended dwell time of 2 minutes
 - **Sani-Cloth Plus (Red Top)** have a recommended dwell time of 3 minutes
 - **Clorox Disinfecting Wipes ("Strong Wipe for Industrial Cleaning") – Industrial (Green Top)** have a recommended dwell time of 4 minutes
 - Note: These types of wipes are the non-healthcare version but may be present in some clinics
 - For more information, visit the EPA website at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

| Clorox Healthcare Bleach Germicidal Wipes | Clorox Healthcare Hydrogen Peroxide Cleaner Disinfectant Wipes | Super Sani-Cloth Germicidal Disposable Cloth | Sani-Cloth Plus Germicidal Disposable Cloth |
|---|---|---|--|
| Blue Top | Green Top | Purple Top | Red Top |
| Recommended dwell time of 1 minute for viruses (3 minutes for other organisms) | Recommended dwell time of 1 minute for viruses (3 minutes for other organisms) | Recommended dwell time of 2 minutes | Recommended dwell time of 2 minutes |
|  | | | |

Figure 11. Comparison of disinfecting wipe dwell times

- Set a protocol to terminally clean rooms after a POSITIVE screener patient is discharged from the clinic. If a known COVID-19 resident is discharged or transferred, staff are to refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place.
 - For more information on air exchanges, visit the CDC at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6>
- Negative Pressure Rooms:
 - Any patient with suspected or confirmed as having airborne communicable disease shall be placed in rooms that have dedicated air exhaust to the outside and a minimum of 12 air exchanges per hour
 - Room must **remain empty for a minimum of one (1) hour** before entering room to clean
 - This is to allow for 99% of airborne contaminants to be removed through the ventilation system
 - Once cleaning has been completed, the room can be released for use

- In addition to CDC guidelines, further recommendations from California Department of Public Health are available at: [https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH/Document Library/AFL-20-14.pdf](https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH/Document%20Library/AFL-20-14.pdf)

2.11 Prevention When Leaving the Worksite

2.11.1 Safely Working at Multiple Clinic Sites

- Staff may be working at more than one site during the current COVID-19 pandemic to provide coverage at other clinics, testing sites, and administrative duties. If possible, employees are encouraged to remain at a single site for the day. This will avoid potential transmission from an impacted site to another.
- If working at a second location cannot be avoided, clinic staff is advised to:
 - Change contaminated clothing before going to the second location. The clothing should be bagged and taken home to be laundered.
 - Hands should be washed before leaving the first location and again when arriving at second location. A different face mask or covering should be worn for the second location.

2.11.2 Prevention at Home

For healthcare workers (HCW) that need to leave their homes to go to work, following certain precautions can help prevent infection when returning home.

Measures to Take When Returning Home

- Clothes should be changed as soon as entering the home and placed in a hamper until washed
- Hands should be washed
- If a potential exposure occurred in the workplace, follow exposure protocol (see **Section 1.4.1**):
 - It is important to limit interaction with other family members – maintain a distance of 6 feet apart. Ideally, stay in a separate bedroom and use a separate bathroom
 - Take temperature twice per day and monitor for respiratory symptoms for 14 days (See symptom log in **Section 1.4.1**)
 - Frequently touched surfaces should be disinfected
- Make cleaning and disinfecting frequently touched surfaces and objects part of your daily routine:

Clean

- Clean surfaces using soap and water.
- Practice routine cleaning of frequently touched surfaces: Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Use diluted household bleach solutions if appropriate for the surface
- Instructions to make a bleach solution:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water
 - Keep the surface wet for 1-3 minutes to ensure viruses and germs are killed
 - Wear gloves and make sure you have good ventilation during use of the product
 - Note: Never mix household bleach with ammonia or any other cleanser

Soft surfaces

- For soft surfaces such as carpeted floor, rugs, and drapes, clean the surface using soap and water or with cleaners appropriate for use on these surfaces
- Launder items (if possible) according to the manufacturer's instructions using the warmest appropriate water setting and dry items completely

Laundry

- For clothing, towels, linens and other items
- Wear disposable gloves
- Wash hands with soap and water as soon as you remove the gloves.
- Do not shake dirty laundry
- Launder items according to the manufacturer's instructions using the warmest appropriate water setting and dry items completely
- Dirty laundry from an ill person can be washed with other people's items
- Clean and disinfect clothes hampers according to guidance above for surfaces

Clean hands often

- Wash your hands often with soap and water for 20 seconds
- Always wash immediately after removing gloves and after contact with an affected individual
- Hand sanitizer: If soap and water are not readily available and hands are not visibly dirty, use hand sanitizer that contains at least 60% alcohol
 - If hands are visibly dirty, always wash hands with soap and water
- Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)
- Avoid touching your eyes, nose, and mouth with unwashed hands

Food

- Stay separated: Affected individuals should eat (or be fed) in their room if possible
- Wash dishes and utensils using gloves and hot water: Handle any non-disposable used food service items with gloves and wash with hot water or in a dishwasher

Trash

- Use gloves when removing garbage bags, and handling and disposing of trash followed by washing hands afterwards

Section 3: Care for the Caregiver

3.1 Helpful Tips for Self-Care

During periods of stress, caregivers may fail to request support for many reasons, including a strong service-orientation, a lack of time, difficulties in acknowledging or recognizing their own needs, stigma, and fear of being removed from their duties during a crisis. Given this, employers should be proactive in encouraging supportive care in an atmosphere free of stigma, coercion, and fear of negative consequences.

Self-care for health care workers can be complex and challenging, given that people in these roles may prioritize the needs of others over their own needs. Therefore, a self-care strategy should be multi-faceted and phased properly to support the sense of control and contribution of health care providers without making them feel unrealistically responsible for the lives of patients. For instance, during work shifts, providers should engage in these behaviors:

- Self-monitoring and pacing
- Regular check-ins with colleagues, family, and friends
- Working in partnerships or in teams
- Brief relaxation/stress management breaks
- Regular peer consultation and supervision
- Time-outs for basic bodily care and refreshment
- Regularly seeking out accurate information and mentoring to assist in making decisions
- Keeping anxieties conscribed to actual threats
- Doing their best to maintain helpful self-talk and avoid overgeneralizing fears
- Focusing their efforts on what is within their power
- Acceptance of situations they cannot change
- Fostering a spirit of fortitude, patience, tolerance, and hope
- At the same time, they should avoid:
 - Working too long by themselves without checking in with colleagues
 - Working "around-the-clock" with few breaks
 - Feeling that they are not doing enough
 - Excessive intake of sweets and caffeine
 - Engaging in self-talk and attitudinal obstacles to self-care, such as:
 - "It would be selfish to take time to rest."
 - "Others are working around the clock, so should I."
 - "The needs of survivors are more important than the needs of helpers."
 - "I can contribute the most by working all the time."
 - "Only I can do..."

Health care workers, first responders, and any essential staff we are here for you!

For support during this crisis call **(951) 755-7015**

**Health Care Workers,
First Responders
& Any Essential Staff**



We Are Here For YOU

For Support During This Crisis

CALL 951-955-7015



Individual Coaching and Counseling 24/7

COMING SOON

Live Video Support Groups:

9 am, 12 noon, 5 pm, 9 pm, 12 am, 5 am



**Riverside
University
HEALTH SYSTEM**
Behavioral Health

Figure 12. Crisis support information

Section 4: Resources

4.1 Documents and video resources:

1. Medical and Health OP Area (MHOAC) Contacts
 - MHOAC document: https://emsa.ca.gov/wp-content/uploads/sites/71/2020/01/MHOAC_RR_Blank-AST-Reimbursement-Language.pdf
 - MHOAC Phone Number: (951) 830-8041
 - MOHAC Email: MHResources@rivco.org
 2. Videos for donning and doffing PPE: <https://www.jointcommission.org/en/covid-19/>
 3. For more Frequently Asked Questions please see the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>
 4. COVID-19 Response Toolkit: <https://toolkit.covid19.ca.gov/>
 5. PPE Strategy: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy.html>
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4.2 Contacts:

1. Public Health Contacts: (951) 358-5000
 2. Riverside County COVID-19 Testing hotline: 1 (800) 945-6171
 3. County of Riverside, Coronavirus email: CHAWebmaster@ruhealth.org
 4. Healthcare and Essential Worker: Behavioral Health Support: (951) 955-7015
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4.3 Your CHC Support Team:

Leader Name: _____
Phone Number: _____
Email Address: _____