

# COVID-19

Fall 2020

Exposure, Testing, Breakrooms, and Winter

8.24.2020

DONNA NUCCI RN MS CIC

Please check my website for updates-

I will post the following documents that I recommend printing and posting where all staff can view them.

Know the risks of exposure; including mask/no mask, time frames and distance.

- Review the following websites for updates and guidelines: OSHA, CDC, APIC, AORN and the Department of Health.
- Anticipate an increase in COVID-19 and respiratory virus patients in the coming months.
- Be vigilant with adherence to all PPE and workplace controls to systematically reduce the risk of exposure to your patients and employees.
- Anticipate supply chain disruptions
- Plan for staffing shortages related to COVID19+ employees.
- Huddle daily for a COVID “update” #local cases, #employees+, supply issues, PPE reminders.
- Limit visitors, mask all patients, include EYE protection for all staff.

# Exposure

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# Exposure to COVID-19

## EXPOSURE CRITERIA:

Contact within 6 feet for 10 minutes or more with a person with suspected or confirmed COVID-19.

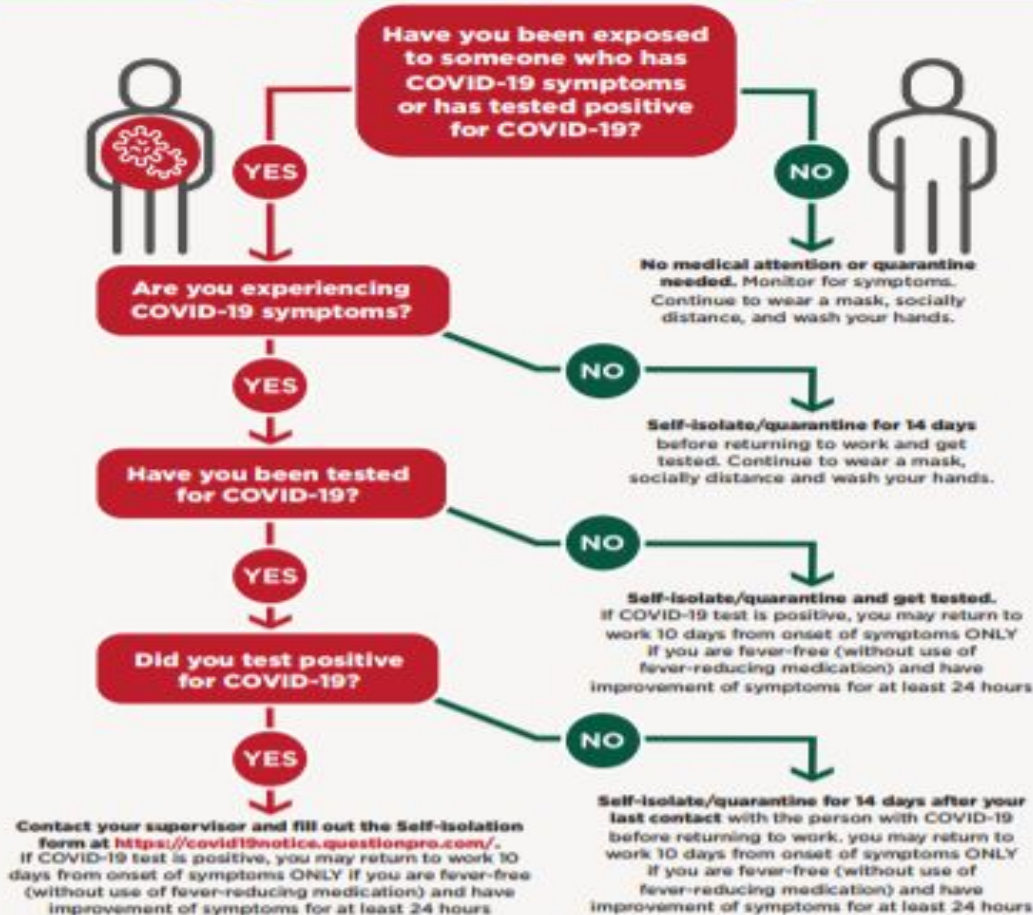
### EXAMPLES INCLUDE:

Working together in a close proximity with someone with COVID-19 symptoms or has tested positive for COVID-19.

Being in a meeting with someone with COVID-19 symptoms or has tested positive for COVID-19 with no social distancing.

Traveling in the same vehicle with someone with COVID-19 symptoms or has tested positive for COVID-19.

Living with someone with COVID-19 symptoms or has tested positive for COVID-19.



\*Reminder – greater than 6 feet and less than 15 minutes with no mask the risk is low.

**STEP 1:**  
Determine HCW PPE level

**STEP 2:**  
Determine patient exposure scenario

**STEP 3:**  
Determine risk level

**STEP 4:**  
Implement recommended measures

Exposure Scenario		Exposure Risk	Recommendation
HCW PPE	PATIENT		
-	2m distance	<b>NO RISK</b>	<p><u>Not</u> considered a close contact.</p> <p>If HCW asymptomatic,</p> <ol style="list-style-type: none"> <li><b>CONTINUE</b> to work, follow general precautions for all HCW</li> <li><b>No further follow-up</b> required by WHS</li> </ol>
	Less than 15 mins		
All appropriate PPE	Wore mask	<b>NO RISK</b>	<p>If HCW develops symptoms,</p> <ol style="list-style-type: none"> <li><b>EXCLUDE</b> from work + <b>SELF-ISOLATE</b> (until cleared for return to work)</li> <li><b>NOTIFY</b> supervisor/delegate</li> <li><b>TEST</b> – follow facility process to get tested or contact PWHCC</li> </ol>
	NO mask		
No gloves/gown (but wore mask + eye protection)*	Wore mask	<b>LOW RISK</b>	<p>If HCW asymptomatic,</p> <ol style="list-style-type: none"> <li><b>CONTINUE</b> to work</li> <li><b>SELF-MONITOR</b> for symptoms for 14 days</li> </ol> <p>If HCW develops symptoms,</p> <ol style="list-style-type: none"> <li><b>EXCLUDE</b> from work + <b>SELF-ISOLATE</b> (until cleared for return to work)</li> <li><b>NOTIFY</b> supervisor/delegate</li> <li><b>TEST</b> – follow facility process to get tested or contact PWHCC</li> </ol>
	NO mask		
No surgical mask/ No eye protection	Wore mask	<b>LOW RISK</b>	<p>If HCW asymptomatic and essential:</p> <ol style="list-style-type: none"> <li><b>CONTINUE</b> to work <b>WITH PRECAUTIONS</b> (wear mask at all times practice physical distancing)</li> <li><b>SELF-MONITOR</b> for symptoms for 14 days</li> </ol> <p>If HCW asymptomatic and non-essential:</p> <ol style="list-style-type: none"> <li><b>EXCLUDE</b> from work + <b>SELF-ISOLATE</b> for 14 days</li> <li><b>NOTIFY</b> supervisor/delegate</li> <li><b>SELF-MONITOR</b> for symptoms</li> </ol>
Perform AGMP + Wore surgical mask	-		
No PPE	Wore mask	<b>HIGH RISK</b>	<p>If HCW develops symptoms,</p> <ol style="list-style-type: none"> <li><b>EXCLUDE</b> from work + <b>SELF-ISOLATE</b> (until cleared for return to work)</li> <li><b>NOTIFY</b> supervisor/delegate</li> <li><b>TEST</b> – follow facility process to get tested or contact PWHCC</li> </ol>
	NO mask		
No surgical mask/ No eye protection	NO mask	<b>HIGH RISK</b>	
	Active cough		
Perform AGMP + No N95 respirator/ No eye protection	-	<b>HIGH RISK</b>	

HCW and patient were more than 2m apart during entire interaction

Patient-provider interaction lasted less than 15 minutes (may be cumulative)

Patient wore a mask during entire interaction

Patient did NOT wear a mask

Patient had active cough or cough-inducing procedure performed (e.g. swabbing)

\*Risk level may increase for not wearing gloves and gown if there was extensive body contact with the patient's body fluids.

- **Close contacts** are those that are < 6 feet away for more than 15 minutes. Interactions that were farther than 6 feet away or shorter duration are considered to have a minimal risk for COVID-19 transmission.
- Risk levels for **close contacts** can be defined as follows:

**PPE WORN BY PERSON EXPOSED TO COVID-19**

		Unmasked	Face mask and <b>NO</b> eye protection	Face mask AND eye protection
<b>PPE WORN BY <u>PERSON WITH COVID-19</u></b>	Unmasked	High Risk Exposure	Medium Risk Exposure	Low Risk Exposure
	Face mask with or without eye protection	Medium Risk Exposure	Low Risk Exposure	Low Risk Exposure

**EXPOSURE TYPE:**

Low Risk Exposure:

Medium Risk Exposure:

High Risk Exposure:

AGPs or Events:

**ACTION FOR EMPLOYEE:**

Get tested, and continue to work with symptom monitoring twice a day, including temperature.

Get tested, quarantine at home for 14 days, and monitor symptoms twice a day, including temperature. *Exceptions may be required under critical staffing conditions, as determined by senior leadership.*

Get tested, quarantine at home for 14 days, and monitor symptoms twice a day, including temperature. *Exceptions will NOT be allowed under critical staffing shortage.*

Get tested, quarantine at home for 14 days, and monitor symptoms twice a day, including temperature. *It is similar to high risk exposure, but the contact duration may have been shorter than 15 minutes.*

Source: Hospital Epidemiology & Infection Control; and Occupational Health Services





Going into flu season- and an increase in COVID-19 cases remember to continue daily monitoring.

Know the symptoms of flu and COVID-19.



# Allergies, Cold, Flu or COVID-19 Virus?

Here's how to tell the difference between allergy symptoms and the novel 2019 Coronavirus.

Symptoms	ALLERGIES	COLD	INFLUENZA	COVID-19
				
Symptoms begin	Gradually	Gradually	Abruptly	Within 14 days of exposure
Symptoms last	Allergy season	4 – 10 days	5 – 7 days	Varies by Person
Body aches	–	✓	✓	Sometimes
Chills	–	Less Common	✓	Sometimes
Dry cough	✓	✓	✓	✓
Exposure to germs	–	✓	✓	✓
Fatigue/Weakness	Sometimes	✓	✓	✓
Fever	–	Less Common	✓	✓
Headaches	✓	Less Common	✓	Sometimes
Itchy eyes	✓	–	–	–
Nasal Congestion	✓	✓	✓	Less Common
Nausea/Vomiting/Diarrhea	–	Sometimes	Sometimes	Sometimes
Runny nose	✓	–	–	Less Common
Sneeze	✓	✓	✓	Sometimes
Sore throat	Sometimes	✓	✓	Sometimes
Shortness of breath	Sometimes	Less Common	✓	✓
Symptoms get worse	–	–	✓	✓

## Think You Have COVID-19?

Stay home and away from others • Monitor symptoms • Rest • Cover coughs and sneezes • Wash hands with soap and water often • Treat symptoms

Contact your doctor if you have a fever, cough, difficulty breathing or existing chronic disease.

# Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



**Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.**

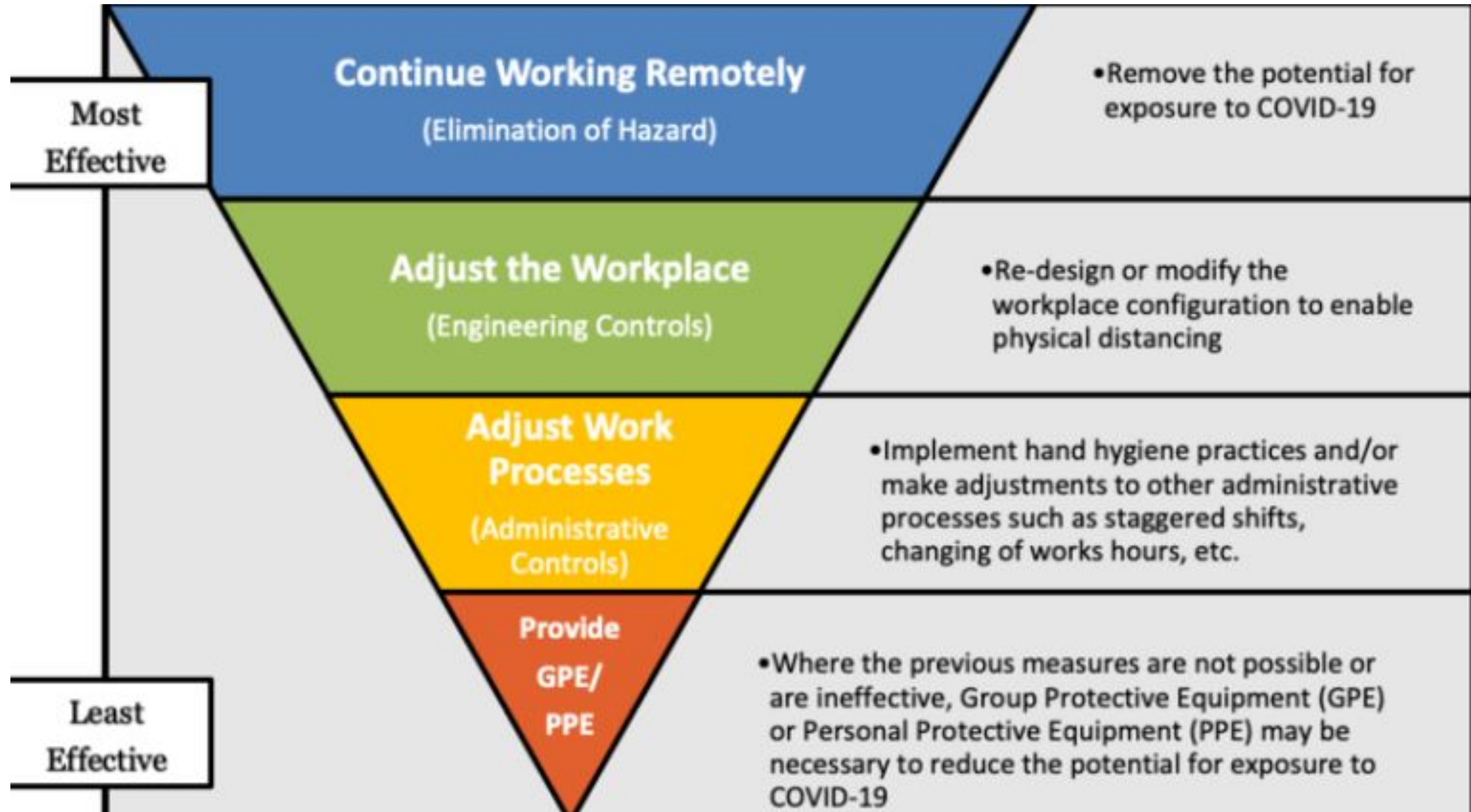
**Seek medical care immediately if someone has emergency warning signs of COVID-19.**

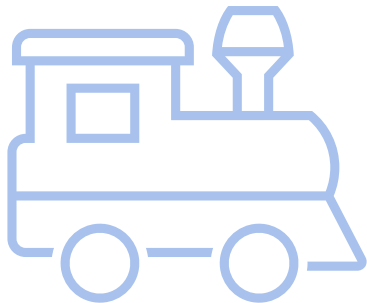
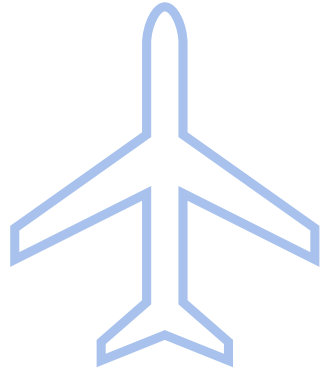
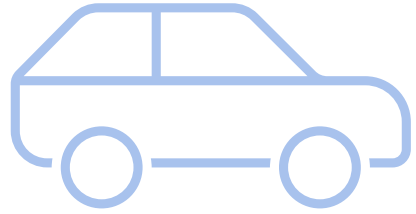
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)





# Employee Travel

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## If you are thinking about traveling away from your local community, ask:

Is [COVID-19 spreading](#) where you're going?

You can get infected while traveling.

Is [COVID-19 spreading](#) in your community?

Even if you don't have symptoms, you can spread COVID-19 to others while traveling.

Will you or those you are traveling with be within 6 feet of others during or after your trip?

Being within 6 feet of others increases your chances of getting infected and infecting others.

Are you or those you are traveling with [more likely to get very ill from COVID-19](#)?

Individuals who have [an increased risk of severe illness from COVID-19](#) should limit their travel.

Do you live with someone who is [more likely to get very ill from COVID-19](#)?

If you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.

Does the state or local government where you live or at your destination require you to stay home for 14 days after traveling?

Some state and local governments may require people who have recently traveled to stay home for 14 days.

If you get sick with COVID-19, will you have to miss work or school?

People with COVID-19 disease need to stay home until they are [no longer considered infectious](#).

With the recent uptick in cases unnecessary travel is NOT advised.

If you must travel be sure to adhere to all guidelines and plan to test on days 3 and 5 when you return.

The following world and state maps are as of 10/28/2020

# Cumulative Cases as of 10/28/2020



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Global Cases

**44,304,816**

Cases by

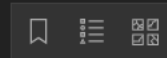
Country/Region/Sovereignty

- 8,833,396 US
- 7,990,322 India
- 5,439,641 Brazil
- 1,553,028 Russia
- 1,279,384 France
- 1,136,503 Spain
- 1,116,609 Argentina
- 1,033,218 Colombia
- 945,367 United Kingdom

Admin0

Last Updated at (M/D/YYYY)

10/28/2020, 3:25 PM



Esri, FAO, NOAA

Cumulative Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate

**189**  
countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Data sources: [Full list](#). Downloadable database: [GitHub](#), [Feature Layer](#).  
Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support:

Global Deaths

**1,171,119**

- 227,320 deaths US
- 157,946 deaths Brazil
- 120,010 deaths India
- 89,814 deaths Mexico
- 45,765 deaths

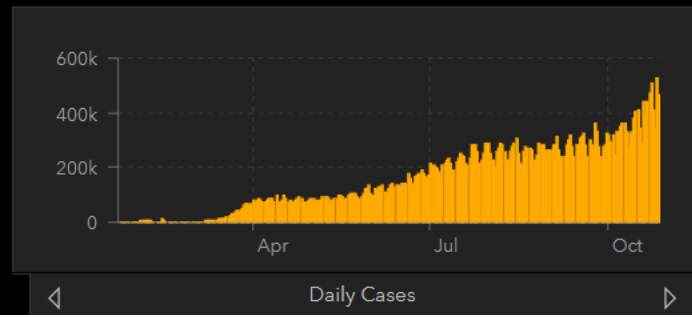
Global Deaths

US State Level

Deaths, Recovered

- 33,435 deaths, **79,230** recovered New York US
- 18,069 deaths, **763,108** recovered Texas US
- 17,483 deaths, **recovered** California US
- 16,571 deaths, **recovered** Florida US

US Deaths, Recov...

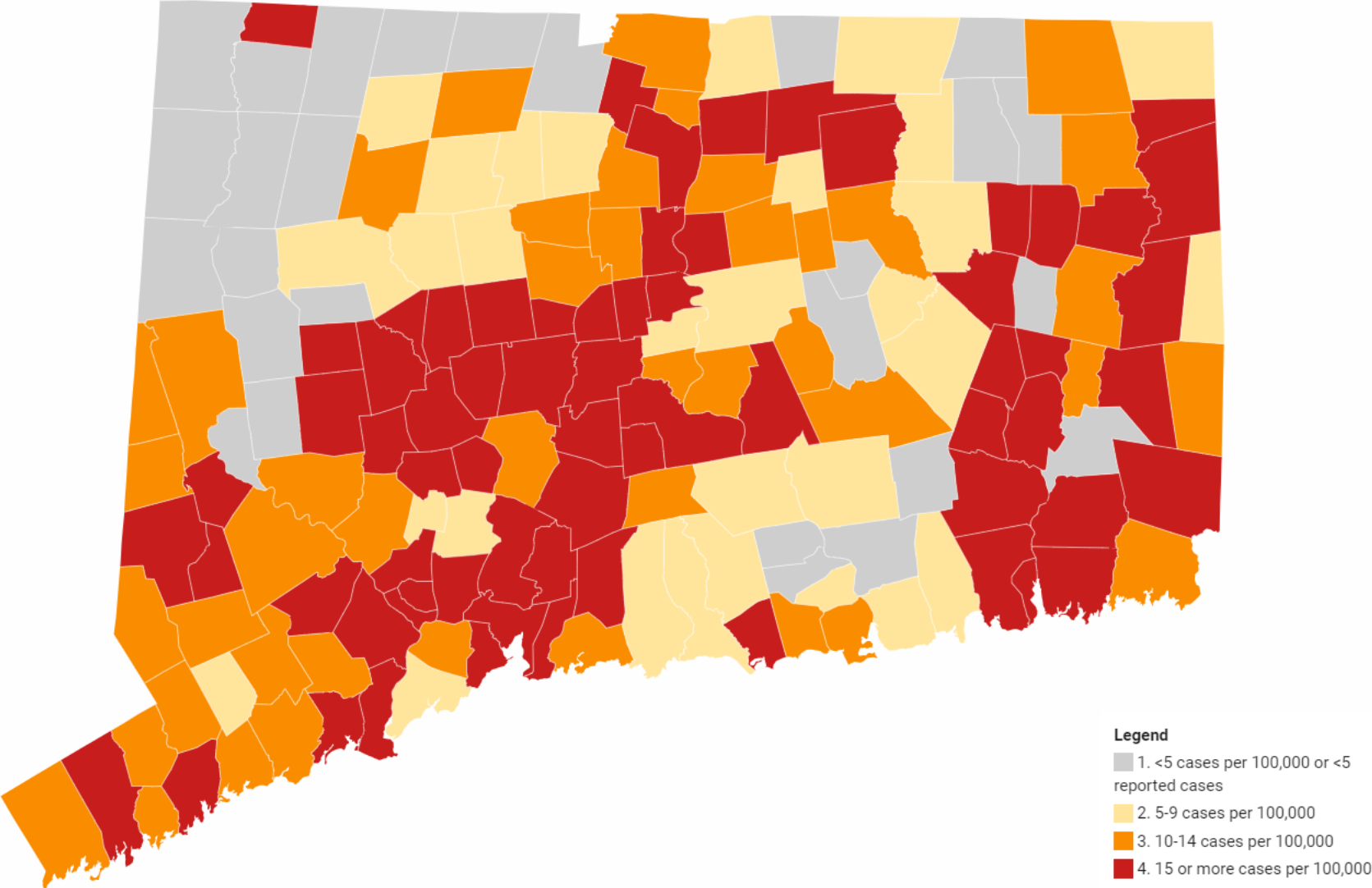


Daily Cases

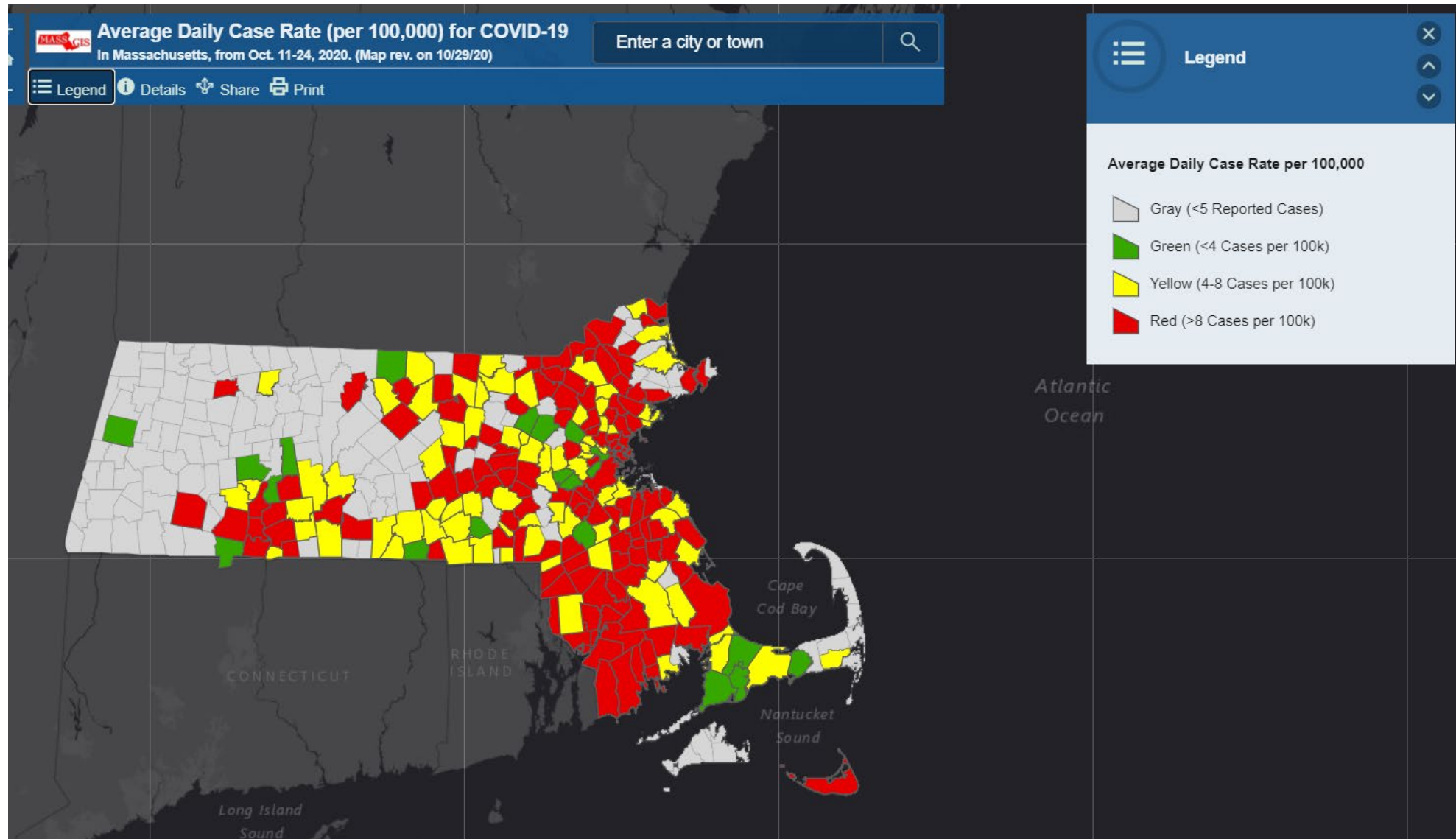
# Active Cases as of 10/28/2020



# Average Daily Rate of COVID-19 Cases Among Persons Living in Community Settings per 100,000 Population By Town









## Statewide

Total Persons Tested  
**15,195,176**

Total Tested 11/04  
**161,019**

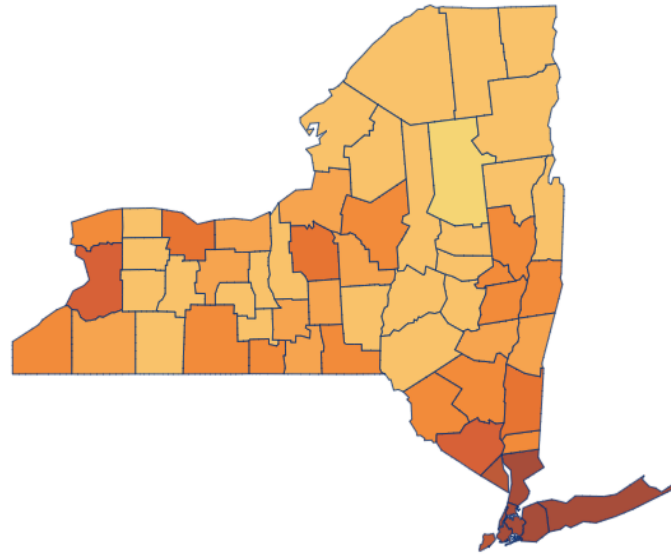
Total Tested Positive  
**518,812**

Sex Distribution of Positive Cases

Female	Male	Unknown
49.1%	50.0%	0.9%

New Positives 11/04  
**2,997**

## Persons Tested Positive by County



- 01-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 10,000-14,999
- 15,000-19,999
- 20,000+

### Click County to See Detail

Click Again for Statewide

Albany	3,877
Allegany	389
Bronx	56,460
Broome	3,884
Cattaraugus	582
Cayuga	486
Chautauqua	1,081
Chemung	1,996
Chenango	443
Clinton	288
Columbia	774
Cortland	613
Delaware	213
Dutchess	5,669
Erie	14,123
Essex	212
Franklin	105
Fulton	370

[Click for Daily Trends](#)

[Click for Table View](#)

[Click for Fatality Data](#)

[FAQs & Helpful Links](#)

County Stats: **None**

Cases | All  
**181,639**

to Filter Page Values

3/4/20   11/4/20

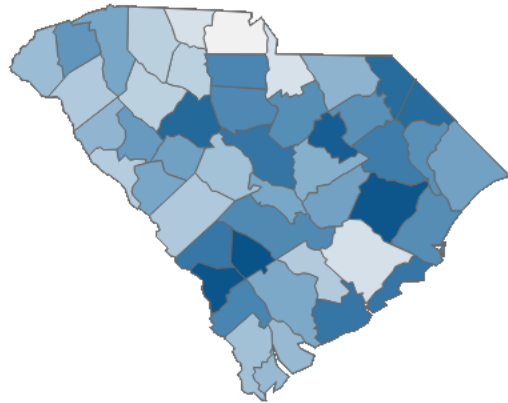
Past 2 weeks | All  
**13,470**

Case rates per 100,000 of COVID-19 Reported Cases, by County

County Displayed: All | Dates Displayed: 3/4/20 to 11/4/20

Select a county to display county-specific information

Click the county again to return to the full state map



Rate per 100,000  
2,578 4,984

COVID-19 among Healthcare Workers

Note: Data is suppressed for fewer than 5 cases

**10198**

County Displayed: All | Dates Displayed: 3/4/20 to 11/4/20

Note: Data is suppressed for fewer than 5 cases

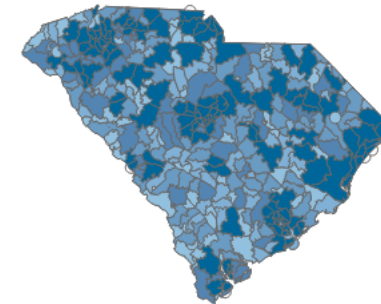
Number of Reported COVID-19 Cases, by ZIP Code

County Displayed: All | Dates Displayed: 3/4/20 to 11/4/20

Search by ZIP code

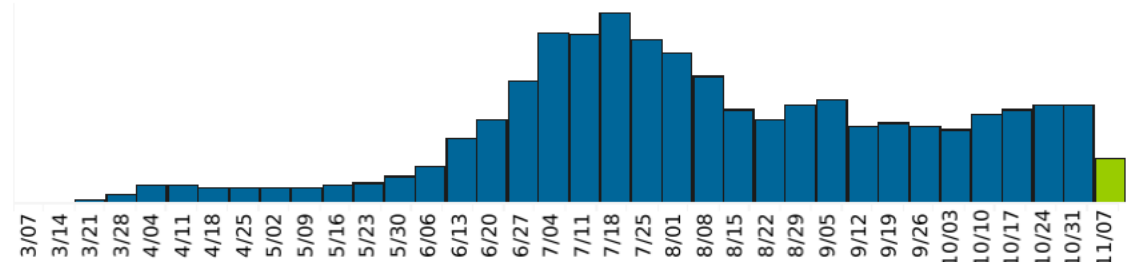
(All)

Finding your ZIP: Select a county then use the dropdown above. Clear your selection before exploring another county.



- 1-50 Cases
- 51-99 Cases
- 100-249 Cases
- 250-500 Cases
- >500 Cases

Reported COVID-19 Cases, by Week of Report  
County Displayed: All | Dates Displayed: 3/4/20 to 11/4/20



Updated: 11/4/2020

Hover over visuals and text to find more information.

Select Area

Wisconsin

Two Week Range

10/21/2020 - 11/3/2020



Activity Indicator

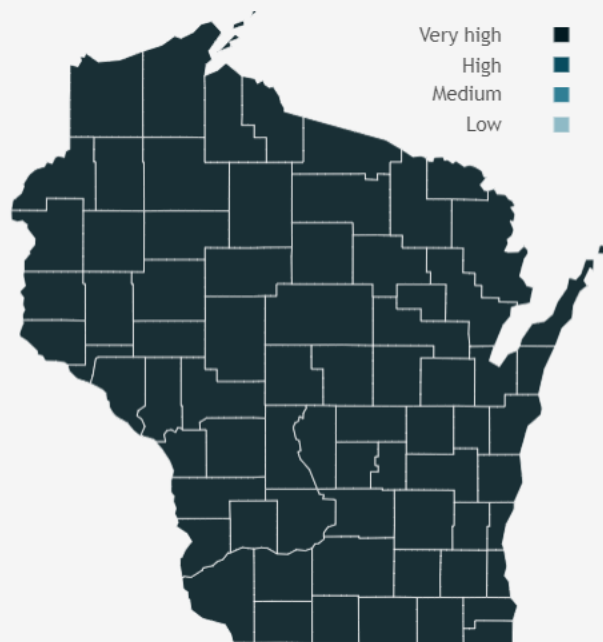
- Case Activity
- CLI Activity
- ILI Activity

View Type

- County View
- Region View

In Wisconsin between 10/21/2020 - 11/3/2020, the case activity level is Very high.

This page shows information on case burden (rate per 100,000) and trajectory (percent case change). Case activity is a combination of burden and trajectory. For definitions of burden, trajectory, and disease activity levels, see below "About our data: How we measure case activity". Confirmed case activity is an important starting metric to understand current COVID-19 levels in your community. For additional information beyond cases, look at the COVID-like illness (CLI) and influenza-like illness (ILI) sections which provide more insight into the levels of respiratory illness in your community.



### Case activity level by county (last two weeks)

Each square represents a county

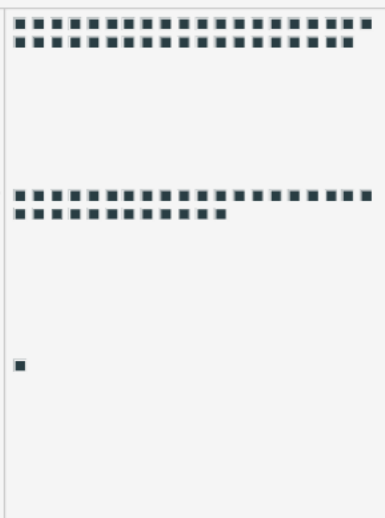
- Very high
- High
- Medium
- Low

Burden Trajectory

Very high Growing

No significant change

Shrinking



### Wisconsin data (last two weeks)

Activity



Very high

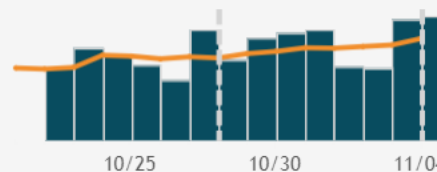
Burden  
(per 100,000)

1,060.6  
(Very high)

Trajectory

24% ▲

Cases over time





# Breakrooms

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- **Take lunch in shifts**
- **Remain 6 feet apart**
- **Never be closer than 6 feet unmasked for more than 10 minutes**
- **Eat outside if/when possible**
- **HCP should always wear a mask even in breakrooms where they will encounter co-workers**

# BREAKROOM GUIDELINES




Please practice personal responsibility.



You are responsible for cleaning, removing or properly disposing of your items.



Wash your hands before and after eating for at least 20 seconds with soap and water.



Wear a face covering.



In breakroom maintain physical distance at least 6 feet away from others.



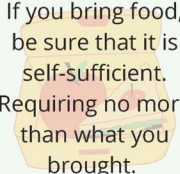
Use a disinfectant to wipe surfaces and handles before and after use.



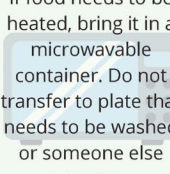
Do not provide community breakroom supplies (i.e. dishes, utensils, and drinkware.)



Do not share community condiments.



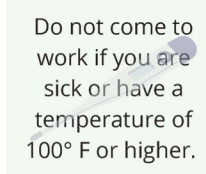
If you bring food, be sure that it is self-sufficient. Requiring no more than what you brought.



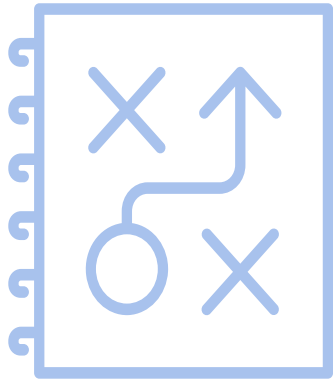
If food needs to be heated, bring it in a microwavable container. Do not transfer to plate that needs to be washed or someone else may use.



Reusable supplies are preferred.



Do not come to work if you are sick or have a temperature of 100° F or higher.



# Winter and COVID-19

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- All staff should have received a flu
- Make sure staff is aware of the key differences between flu and COVID-19 symptoms.
- The CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19, but I anticipate this could be limited in many areas of the country.



# Annual Plan

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## Please add this to your annual plan

*COVID-19 has impacted dramatically the strategies our center utilizes in mitigating risk in the care and safety of our patients and employees. Since March 2020 "name of facility" has followed all guidance from our State Health Department, CDC and CMS.*

*Careful consideration has been taken to reduce the risk of transmission of COVID-19 to our patients and staff members. May 18th the CDC released new guidance providing key considerations for performing non-COVID-19 clinical care during the COVID-19 pandemic. "Name of Center" has adopted the CDC [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#) in opening the center to a full safe capacity. On June 8th CMS released a guidance document <https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf>. Non-emergent, Non-COVID care (NCC) will be offered to patients, as clinically appropriate, taking into consideration there are currently resources to provide such care, as well as the ability to quickly respond to a surge in COVID-19 cases, if necessary. The decision to remain open and practice considerations are consistent with Federal, State, and local orders, and CDC guidance and were made in collaboration with State and local public health authorities. Careful planning was made to safely deliver in-person care to patients requiring NCC, and all aspects of care were considered — for example:*

- *Adequate facilities, workforce, viral testing (<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>) for SARS-Cov-2, PPE, and supplies across all phases of care.*
- *Adequate workforce across all phases of care (such as availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support, and post-acute care).*

*"name of facility" will continue to monitor COVID-19 data and our COVID-19 task force will monitor guidance updates from the CDC, CMS and the Department of Health. Modifications will be made if there are changes to our facilities, workforce, viral testing capability for SARS-Cov-2, PPE, and all other supplies.*

# Please add this to your annual plan tab: Disease Risk

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT						
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE and MITIGATION)				RISK
		Impact		Preparedness		
		Patient	On Care of Patient	Internal	External	
	- What is the probability of the event presenting?	o Physical severity of this event for the patient o Patient Presents with Active disease	o Additional cleaning, isolation, ability to function o Additional staffing needs for event	o Staff knowledge and ability to respond o Policy and Procedures in place o Leadership support	o External support DOH, etc. regulations for this type of problem CMS, TJC	Relative threat* to this facility
SCORE	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = High 1 = Moderate 2 = Low 3 = None	0 = High 1 = Moderate 2 = Low 3 = None	0 - 100%
MDRO (e.g.MRSA)	2	2	2	0	0	17%
Tuberculosis	1	2	2	1	1	13%
Hepatitis B	2	2	1	0	1	17%
Hepatitis C	2	2	1	0	1	17%
HIV	2	2	1	0	1	17%
Varicella Shingles and Chickenpox	1	2	1	1	1	10%
Measles	1	2	1	1	1	10%
C difficile	1	2	2	1	1	13%
Influenza Higher during flu season.2020 season severity high	3	3	3	1	2	56%

\*Threat increases with percentage.



- Disease risk
- Populations-Patient
- Geographic\_Risk
- Services specific R
- Procedural-Device-Supp

# Please add this to your annual plan tab: Disease Risk

	A	B	C	D	E	F	G	H
4			<b>Patient</b>	<b>On Care of Patient</b>	<b>Internal</b>	<b>External</b>		
5		• What is the probability of the event presenting?	o Physical severity of this event for the patient o Patient Presents with Active disease	o Additional cleaning, isolation, ability to function o Additional staffing needs for event	o Staff knowledge and ability to respond o Policy and Procedures in place o Leadership support	o External support DOH, etc. regulations for this type of problem CMS, TJC	Relative threat* to this facility	
6	<b>SCORE</b>	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = High 1 = Moderate 2 = Low 3 = None	0 = High 1 = Moderate 2 = Low 3 = None	0 - 100%	
7	MDRO (e.g.MRSA)	2	2	2	0	0	17%	
8	Tuberculosis	1	2	2	1	1	13%	
9	Hepatitis B	2	2	1	0	1	17%	
10	Hepatitis C	2	2	1	0	1	17%	
11	HIV	2	2	1	0	1	17%	
12	Varicella Shingles and Chickenpox	1	2	1	1	1	10%	
13	Measles	1	2	1	1	1	10%	
14	C difficile	1	2	2	1	1	13%	
15	<b>COVID-19</b>	3	3	3	1	2	56%	* depends on community prevalence
16	Influenza Higher during flu season.2020 season severity high	3	3	3	1	2	56%	
17	*Threat increases with percentage.							
18	<p><b>Disease Risk</b></p> <ul style="list-style-type: none"> <li>MDRO (e.g.MRSA) 17%</li> <li>Tuberculosis 13%</li> <li>Hepatitis B 17%</li> <li>Hepatitis C 17%</li> <li>HIV 17%</li> <li>Varicella Shingles and Chickenpox 10%</li> <li>Measles 10%</li> <li>C difficile 13%</li> </ul>							
19								
20								

\*Reminder risks associated with COVID-19 are dependent on community prevalence.



# Cleaning Materials

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- Cleaning products remain in short supply and will be so for the foreseeable future.
- Use an EPA approved product  
<https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html>
- Remember risk determines the cleaning frequency:
  - Probability of contamination,
  - Vulnerability of the patients to infection, and
  - Potential for exposure (high-touch v. low-touch surfaces)

