SAN BERNARDINO COUNTY

Arrowhead Regional Medical Center
Department of Behavioral Health
Department of Public Health

COVID-19 CARE SAFETY HANDBOOK

SKILLED NURSING FACILITY + OUTREACH SUPPORT TEAM (SOS)

- Skilled Nursing Facilities (SNF)
- Residential Care Facility for the Elderly (RCFE)
- Assisted Living
- Board and Care

909.387.3911

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Contacts

Ability to reach the SOS+ Support Team

Leader Name: _____

Phone Number: _____

Email Address: _____

Chapter 6: Resources

Special thanks to the County of San Bernardino: Arrowhead Regional Medical Center, Department of Public Health, Department of Behavioral Health, ICEMA, and Rialto Fire Department.

Documents and Video Resources

1. Medical and Health OP Area (MHOAC) document: https://emsa.ca.gov/wp-content/uploads/sites/71/2020/01/MHOAC_RR_Blank-AST-Reimbursement-Language.pdf

2. Videos for putting on and removing PPE's for COVID-19: https://www.jointcommission.org/en/covid-19/

3. CDC Checklist for Skilled Nursing Facilities: https://www.cdc.gov/coronavirus/2019- ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F20 19-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care- facilities.html#checklist

4. For more Frequently Asked Questions please see the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/faq.html

5. COVID-19 Response Toolkit: https://toolkit.covid19.ca.gov/

Community Resources

San Bernardino County COVID-19 Hotline	909.387.3911
Department of Behavioral Health Crisis Line	
Voice Lines	909.421.9233
	909.458.1517
	760.956.2345
Text Lines	909.420.0560
	909.535.1316
	760.734.8093
2-1-1- San Bernardino County:	211 or
	909.980.2857

400 N Pepper Avenue, Colton, California 92324-1819 | Phone: 909.580.1000

ARROWHEAD REGIONAL MEDICAL CENTER

The Heart of a Healthy Community

April 21, 2020

Dear Administration & Staff:

On behalf of the County of San Bernardino's Arrowhead Regional Medical Center, Department of Public Health, and Department of Behavioral Health, I would like to thank you for all that you are doing to support the patients at your facility and the community as a whole. These are unprecedented times and your facility plays a critical role in protecting the stability of our healthcare infrastructure. Now more than ever, our residents are relying on the expertise, training, and compassion of front-line healthcare workers like the staff at your facility.

As a facility that houses potentially vulnerable patients, we want to ensure that you and your staff are comfortable with the amount and type of training provided on caring for patients with COVID-19. Functioning as a part of a Multi-County Department Skilled Nursing Facility Task Force, teams have been activated to assist facilities in the following manner:

1. Provide Personal Protective Equipment (PPE) (quantities subject to availability)
2. Conduct training on appropriate donning and doffing of PPE
3. Provide information on COVID-19 and lessons learned about containment measures
4. Provide information on the process for resource ordering and disease control investigations
5. Assess supply chain and operational needs

These teams are here to provide you with support and guidance as we navigate the COVID-19 response. The visits are NOT in any way meant to be regulatory or punitive in nature. We are all in this together.

Sincerely,

William L. Gilbert
Hospital Director

SAN BERNARDINO COUNTY BOARD OF SUPERVISORS

Chapter 1: Understanding COVID-19

Frequently asked Questions

What is coronavirus?

According to the World Health Organization (WHO), Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases.

What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China in December 2019.

What are the common symptoms of COVID-19?

- Fever
- Cough
- Body ache
- Fatigue
- Runny nose
- Congestion
- Headache
- Eye pain and/or ear pain/irritation
- Conjunctivitis
- Loss of taste and/or smell
- Nausea
- Vomiting
- Diarrhea

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 or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. 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.

- "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!

Chapter 5: Care for the Caregiver

(Helpful 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 "round 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."

What to do if a patient is diagnosed with COVID-19?

Ideally, a patient with COVID-19 should be in a separate room with a dedicated bathroom. The patient should remain in the room for all activities including meals. If the patient must leave the room for medical services (e.g. x-ray), they must wear a face mask and be covered with a clean sheet.

Identify if other patients and staff (who did not wear appropriate PPE) were in close contact with the patient.

Exposed patients should be quarantined for 14 days and monitored for fever and respiratory symptoms.

Exposed staff may work wearing a facemask if they have no symptoms, but they must check their temperature 2 times per day and monitor for respiratory symptoms for 14 days. If symptoms develop, they must be excluded from work, be isolated at home and tested.

What does quarantine mean?

Quarantine separates and limits the movement of people who were exposed to a contagious disease to see if they become sick.

What does isolation mean?

Isolation assigns specific areas or rooms for patients with contagious or infectious diseases. Keeping contagious persons away from others can help to slow or prevent the spread of the disease.

What to do if a staff member is diagnosed with COVID-19?

A staff member with COVID-19 who has symptoms should be off work until they are considered no longer infectious. Clearance should be obtained from Public Health. Staff with COVID-19 who do not have symptoms can be considered for working wearing a face mask, to care for COVID-19 positive patients.

How do I protect myself and my family?

Staff should practice universal precautions and wear appropriate PPE in the workplace. Frequent handwashing should be done at work and at home.

Frequently touched surfaces should be disinfected.

- If symptoms of COVID-19 develop, it is important to limit interaction with other family members-ideally keeping a 6 feet distance and using a separate bathroom. Testing should be done to determine if the illness is due to COVID-19.

Chapter 2: Prevention

Prevention at Work

Monitoring Symptoms

- You should self-monitor twice daily
  - 1st prior to coming to work
  - 2nd 12 hours later
- List of symptoms to monitor:
  - Fever (an elevated temperature higher than 100°)
  - Cough
  - Body ache
  - Fatigue
  - Runny nose
  - Congestion
  - Headache
  - Eye pain and/or ear pain/irritation
  - Conjunctivitis
  - Loss of taste and/or smell
  - Nausea
  - Vomiting
  - Diarrhea
- If you have any of the symptoms listed above, you should:
  - not enter the facility
  - return home
  - seek medical attention
- Contact the healthcare facility (HCF) immediately and stay home from work.
- The healthcare facility should:
  - Screen all healthcare workers prior to start of their shifts
  - Screen all healthcare workers at the end of their shift
- **Healthcare workers with fever should be sent home and NOT allowed to work.**
- The health care facility should identify staff who can monitor sick staff with daily "check-ins" using telephone calls, emails, and texts.

- Incident Management:

  Each facility should have an incident management framework at each site, including a crisis phone tree to help spread information quickly and effectively at the site to reduce anxiety and misinformation.

Environmental Cleaning and Sanitizing

- (In addition to CDC guidelines, below recommendations are referenced from California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19))
- Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
- All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines).
- Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
- 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
- Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (more information on air exchanges at https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.ht ml#tableb6)

- 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: The ill person 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. Wash hands afterwards.

Chapter 3: Rooming Guidelines

COVID-19 Positive Patients and Patients Under Investigation (PUI)

If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:

- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.

Chapter 4: Facilities

Staffing

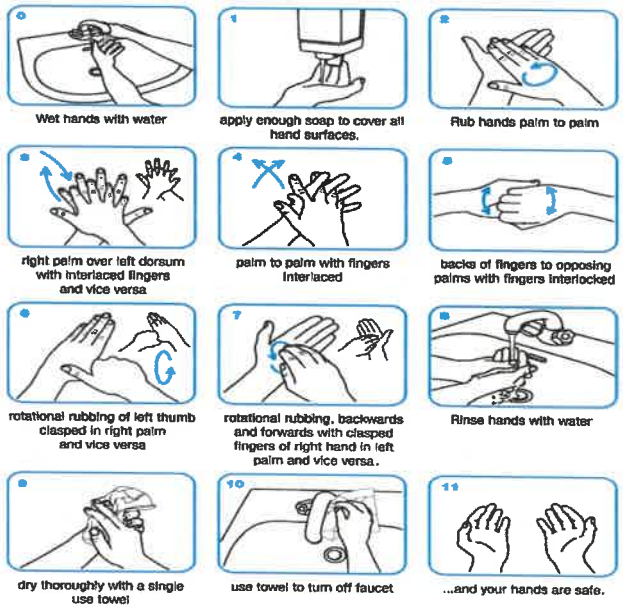
- Staff Roster:

  Maintain an updated staff roster including staff, name, contact number, emergency contact, and other facilities where they work.

Handwashing (Hand Hygiene)

All staff members should always complete hand hygiene:

- Before and after ALL patient encounters
- Before putting on and after removing personal protective equipment (PPE)
- Should also use hand hygiene at the beginning of their shifts
- Before and after eating
- After using the restroom
- Other times throughout the day to limit possible spread of germs.
- Make sure hand hygiene supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible inpatient care areas, including areas where healthcare professionals remove personal protective equipment.
- Sinks need to be well-stocked with soap and paper towels and hand sanitizers should be replaced as needed.
- Health care professional should always use proper hand hygiene and wash with hot water and soap for at least 20 seconds.
- Facilities should have a process for auditing the healthcare professional staff, to ensure that they are following the recommended hand hygiene practices.



Personal Protective Equipment (PPE)

Transmission-Based Precautions: Use Standard, Contact, Droplet plus Eye Protection for suspect/confirmed COVID-19 cases. Note: Both the CDC and World Health Organization (WHO) recommend standard, contact and droplet precautions with added eye protection.

1. Surgical masks & eye protection are an acceptable form of PPE.
    - N95 or higher, should be donned during aerosol generating procedures (examples are suction, nebulizer, ventilation, CPR, etc.) which could pose a higher risk of exposure to healthcare workers.
2. Per recent CMS guidance, all long-term care facility staff should wear a facemask while they are in the building.
3. PPEs and other infection prevention and control supplies should be stocked and readily accessible for use. This includes facemasks, gowns, gloves, goggles, and hand hygiene supplies that would be used for both healthcare workers protection and source control for infected patients.

Note: If there is a shortage of gowns, they should be prioritized for:

- aerosol-generating procedures
- care activities where splashes and sprays are anticipated
- high-contact resident care activities where pathogens may be transferred to the hands and clothing of healthcare workers.

To supplement while there is a shortage of disposable gowns, you can use cloth gowns (they must be laundered after each use).

- Wear the recommended PPE for patient care and post signage on the appropriate steps for donning and doffing PPE.
- Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

Facilities should have a process for auditing the healthcare professional staff, to ensure that they are following the recommended PPE usage guidelines.

https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf

- 4 teaspoons bleach per quart of water
- Keep the surface wet for 1 minute to ensure germs are killed.
- Wear gloves and make sure you have good ventilation during use of the product.

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. Use 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. Use 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 ill person.
- Hand sanitizer: If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, 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

Monitor Symptoms

You should self-monitor twice daily

- Once prior to coming to work
- Second 12 hours later

List of symptoms to monitor:

- Fever (an elevated temperature higher than 100 degrees)
- Cough
- Body ache
- Fatigue
- Runny nose
- Congestion
- Headache
- Eye pain and/or ear pain/irritation
- Conjunctivitis
- Loss of taste and/or smell
- Nausea
- Vomiting
- Diarrhea

If you have any of the symptoms listed above, you should contact the healthcare facility (HCF) immediately and stay home from work.

How to Safely Keep Your Home Safe from Infection

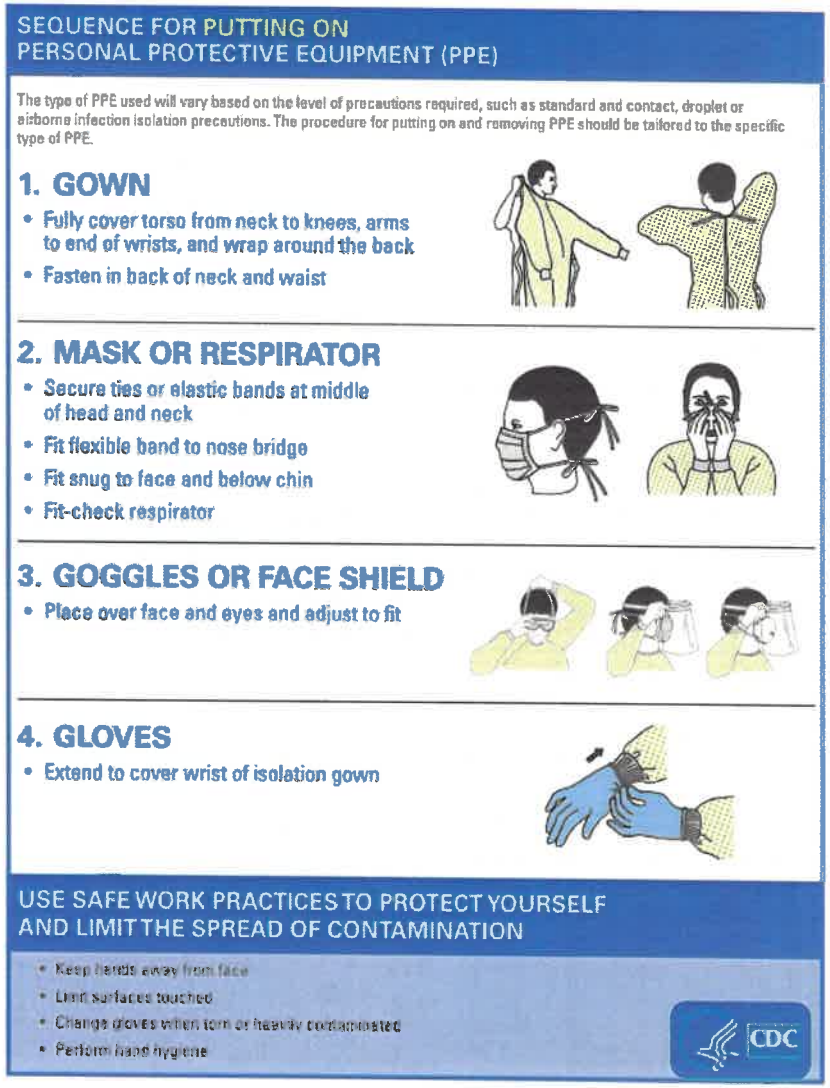
As part of your every day prevention actions **clean and disinfect frequently touched surfaces and objects.**

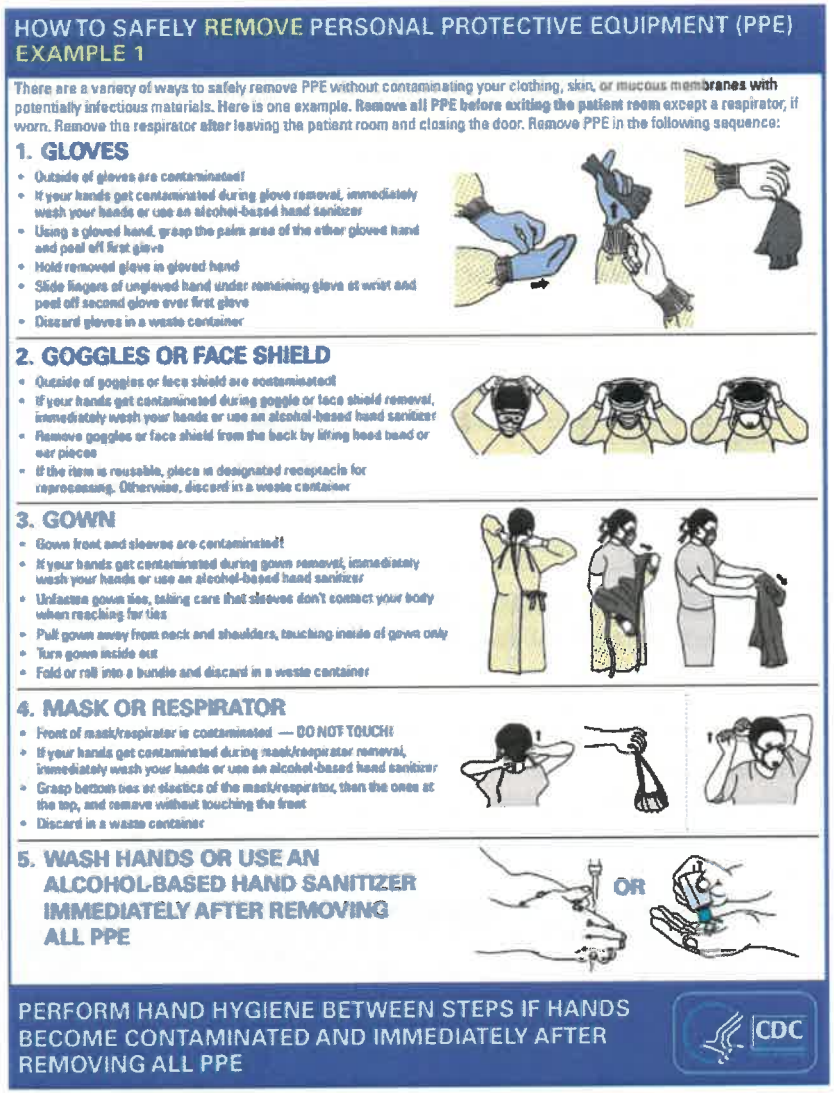
Clean

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

Disinfect

- Use diluted household bleach solutions if appropriate for the surface.
- Never mix household bleach with ammonia or any other cleanser.
- To make a bleach solution, mix:
  - 5 tablespoons (1/3 cup) bleach per gallon of water OR





- It is important to limit interaction with other family members- remain 6 feet apart. Ideally, stay in a separate bedroom and use separate bathroom.
- Take temperature twice per day and monitor for respiratory symptoms for 14 days.
- Disinfect Frequently touched

Stay in Place

You should remain in your home unless going to work or doing essential business such as grocery shopping, picking up prescriptions, or doctor's appointments.

Maintain Your Space

At all times you should keep at least six (6) feet of space between you and other people.

Cover Your Face

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

Food Service

Although coronaviruses appear to be stable at low and freezing temperatures for a certain period of time, good food safety practices can prevent their spread through food.

Food service workers should:

- *Not be entering any patient rooms.*
- Wear face coverings and gloves when preparing, serving or delivering food to outside of patient rooms.
- Wash hands frequently

Contractors and Outside Vendors

Contractors and outside vendors should not regularly enter the facility. Designated staff can meet the individual at the door, and receive or provide necessary items (e.g. medication)

If the contractor or vendor must enter the facility, they should be screened for symptoms and fever, and wear appropriate PPE.

Prevention When Leaving Worksite

How to Safely go from One Job to Another

Ideally, staff should only work at one skilled nursing facility during COVID-19 activity. This will avoid potential introduction of disease from an impacted facility to another one.

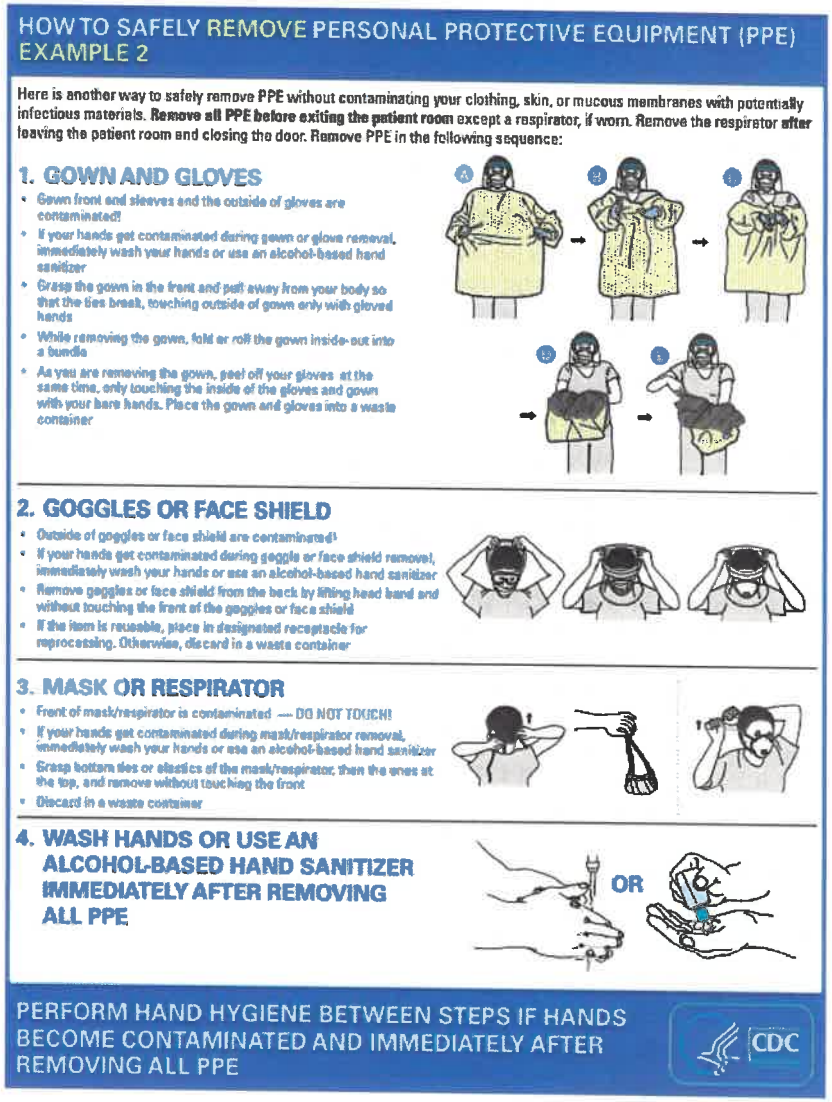
If working at a second location cannot be avoided:

- Essential workers who go from one job to another, should:
    - Change 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 entering the second location. A different face-mask or covering should be worn for the second location.

Prevention at Home

How to safely Return Home

- Clothes should be changed and 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:



Preserving Personal Protective Equipment (PPE)

- **Surgical mask:**
  - This mask should be changed:
    - If it is dirty
    - Has fluid splashes
    - If it is difficult to breath
    - At least once a day
- **N-95 mask:**
  - 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
  - N=95 can be used for a few days if it is not dirty, and it is not damaged in any way
- **Face-shields:**
  - Wear face-shields completely covering the face, the eyes, and the masks.
  - They are reusable for several days/weeks, until it is damaged
  - Clean and disinfect it with bleach inside and outside of the face-shield
  - It is always important to wear a face-shield
  - Face-shields will be left on the units after cleaning for the next shift
- **Gowns:**
  - If gown is required to be used in your area, it can be reused with different patients for the entire shift, unless it is visibly soiled, has fluid splashes, or if the patient ahs another infectious disease (e.g. C. difficile)
- **Gloves:**
  - Wear gloves during patient care
  - Gloves have to be changed after each encounter
- **Head covers:**
  - If head cover is required in your area, it can be worn for the entire shift.
- **Shoe covers:**
  - If shoe covers are required in your area, they can be worn for the entire shift.

Notes:

- Do not go outside of any area wearing full PPEs, except a surgical mask.
- Do not use fabric masks at any time while you are wearing full PPEs.
- Fabric masks should be washed every day.
- These are for staff who do not perform direct patient care.
- Wash your hand frequently, or use alcohol gel, between patients, or between procedures on the same patient.
- Clean high touch surfaces with bleach several times a day.
- Be careful when removing your PPE, per protocol.
- Disposable PPE should be placed in regular trash containers.
- Do not use red bags.
- Do not eat or drink with your PPE on (face shield, mask, glove or gown).

References: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy.html

Patient's Clothes and Belongings

Gloves should be worn when handling potentially contaminated laundry.

- Items should be washed separately, in the warmest appropriate temperature and dry them completely.
- Hands should be washed after doing the laundry.
- Clothing should be kept in a separate hamper, until

Patient's Room

- Prohibit visitors from entering the facility unless essential.
- For end-of-life care limit access to only one visitor at a time.
- All family members visiting end of life patients they should be wearing full personal protective equipment (PPE) throughout the duration of the visit.
- Post signs instructing permitted visitors not to enter if they are unwell.
- Set-up alternative methods of visitation such as through videoconferencing through Skype or FaceTime.
- If visitors are permitted, monitor them for fever and respiratory symptoms; limit the duration of visitation and the location of visits – in resident rooms.