

#### Safe Work Practices

For all workers, regardless of specific exposure risks, it is always a good practice to:

Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.

Avoid touching your eyes, nose, or mouth with unwashed hands.

Avoid close contact with people who are sick.

Consistent with the general interim guidance described above, isolate patients with suspected or confirmed COVID-19 to prevent transmission of the disease to other individuals. If possible, isolating suspected cases separately from confirmed cases may also help prevent transmission.

Before arrival for work on site all staff shall ensure they;

- Are wearing any protective equipment they may have been instructed to wear.
- Have performed a self-check
  - o A temperature reading of above 100.0. Above 100.0 requires consult with supervisor.
  - No sneezing or coughing
  - o No nausea or other signs of illness

If a staff feels ill—headache, cough, fever, or other sign—they should:

- Take temperature to confirm presence of any fever. Above 100.0 requires consult with supervisor.
- Delay coming to work until they are able to confirm their health status
- Consult with work site staff or supervisor to affirm a plan to ensure their health status

## Work within Environments with Possible Covid-19 Presence

#### **Administrative Controls**

Consistent with the general interim guidance described above, isolate patients with suspected or confirmed COVID-19 to prevent transmission of the disease to other individuals. If possible, isolating suspected cases separately from confirmed cases may also help prevent transmission.

Restrict the number of personnel entering the room of a patient with suspected/confirmed COVID-19. This may involve training healthcare workers in appropriate use of PPE so they can perform tasks such as



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housekeeping and meal service to reduce the need for environmental and food service workers to enter areas where suspected or confirmed COVID-19 patients are isolated.

Follow CDC guidelines for signs for and labeling of patient room doors when transmission-based precautions (i.e., contact and airborne precautions) are in place.

### Safe Work Practices with Infected Residents

Perform as many tasks as possible in areas away from a patient with suspected/confirmed COVID-19 (e.g., do not remain in an isolation area to perform charting; use closed-circuit television systems to communicate with patients in an isolation area when a worker does not need to be physically present).

Work from clean to dirty (i.e., touching clean body sites or surfaces before touching dirty or heavily contaminated areas) and limit opportunities for touch contamination (e.g., adjusting glasses, rubbing nose, or touching face with gloves that have been in contact with suspected/confirmed COVID-19 patients or contaminated/potentially contaminated surfaces). Also, prevent touch contamination by avoiding unnecessary touching of environmental surfaces (such as light switches and door handles) with contaminated gloves.

Ensure that there are systems in place to: differentiate clean areas (e.g., where PPE is put on) from potentially contaminated areas (e.g., where PPE is removed); handle waste and other potentially infectious materials; and clean, disinfect, and maintain reusable equipment and PPE.

Use caution when handling needles or other sharps, and dispose of contaminated sharps in puncture-proof, labeled, closable sharps containers.

Train and retrain workers on how to follow the established protocols.

# Personal Protective Equipment

Healthcare workers must use proper PPE when exposed to a patient with confirmed/suspected COVID-19 or other sources of COVID-19 (See OSHA's PPE standards at 29 CFR 1910 Subpart I).

CDC and OSHA recommend that healthcare workers wear:

- Gowns
- Gloves
- National Institute for Occupational Safety and Health (NIOSH)-certified, disposable N95 or better respirators
- Eye/face protection (e.g., goggles, face shield)

Use respiratory protection as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.



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When doffing potentially contaminated PPE such as a N95 respirator, do not touch the outside of the respirator without wearing gloves.

After removing PPE, always wash hands with soap and water, if available. Ensure that hand hygiene facilities (e.g., sink or alcohol-based hand rub) are readily available at the point of use (e.g., at or adjacent to the PPE doffing area).

#### Cleaning and disinfection:

- Follow standard practices for high-level disinfection and sterilization of semi-critical and critical medical devices contaminated with COVID-19, as described in the CDC Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.
- At this time, there is no EPA-approved list of disinfectants effective against COVID-19. EPA does
  not categorize disinfectants as hospital- or commercial-grade or keep a list of EPA-registered
  antimicrobial products registered for use in healthcare facilities. As a result, products effective
  at inactivating the virus must be determined based on data associated with inactivating similar
  or hardier (i.e., more difficult to inactivate) viruses. COVID-19 is a coronavirus and highly
  susceptible to inactivation by many commonly used disinfectants. Currently, OSHA recommends
  following SARS disinfection practices (see section D-10 in the linked document) for
  environmental areas contaminated with COVID-19.

The CDC advises the use of EPA-registered chemical germicides that provide low or intermediate level disinfection for SARS during general use (surface and noncritical patient-care equipment) because these products inactivate related viruses with similar physical and biochemical properties. CDC's Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 provides information on the effectiveness of germicides on coronaviruses.