



HPAE

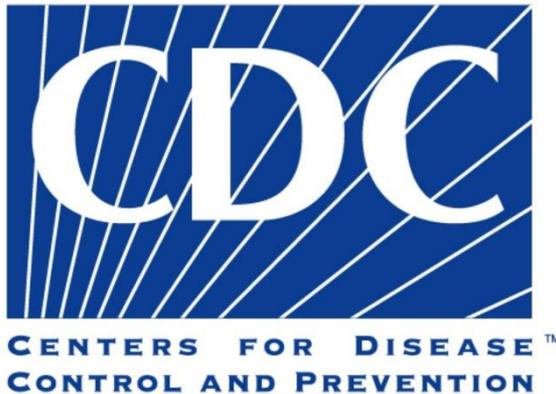
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**Overview of COVID-19
Selected Resources and
Guidance for Healthcare Worker**

March 2020



- **Guidance for Extended Use and Limited Reuse of N95 Respirators**



- **Strategies for Optimizing the Supply of N95 Respirators**
- **Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)**



- **Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak**

AFL-CIO

CORONAVIRUS: COVID-19
Priorities for Workers
and Unions

https://aflcio.org/sites/default/files/2020-03/Coronavirus3_Nobug.pdf

- ❑ **Strong standards and guidance from agencies in charge of protecting different groups of workers that recognize the necessity for airborne protections for front-line workers.**
- ❑ **Adequate supplies of personal protective equipment, especially N95 respirators and those offering a greater level of protection, including face shields.**
- ❑ **Plans for supply shortages, including triage and prioritization.**
- ❑ **Resources and preparation for a surge in demand for health services, including hospital beds and caregivers.**
- ❑ **Much greater capacity for coronavirus testing, with a priority for testing health care workers who take care of patients.**



PRESIDENTIAL MEMORANDA

Memorandum on Making General Use Respirators Available

<https://www.whitehouse.gov/presidential-actions/memorandum-making-general-use-respirators-available/>

Making General Use Respirators Available

- ❑ **Public health emergency** declared on February 4, 2020
- ❑ On March 10, 2020, the Secretary of Health and Human Services issued declaration to **bring products necessary for addressing the epidemic to healthcare providers...**
- ❑ Public health experts **anticipate shortages in the supply of personal respiratory devices** for use by healthcare workers in mitigating further transmission of COVID-19.
- ❑ Take all appropriate and necessary steps with respect to general use respirators **to facilitate their emergency use** by healthcare personnel... and to **increase availability of respirators.**



Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak

<https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>

Temporary OSHA Guidance Respiratory Protection

- ❑ On March 11, 2020, the President directed the Department of Labor to **take all appropriate and necessary steps to increase the availability of general use respirators for emergency use** by healthcare personnel in healthcare facilities.
- ❑ OSHA provided temporary guidance for **Respiratory Protection Standard** regarding required annual fit-testing in the form of an **enforcement discretion policy** memo effective March 14 and applicable where respirators are needed to protect HCP during the COVID-19 outbreak.
- ❑ Where the use of respiratory protection is required and an employer fails to comply with any other requirements, Compliance Officers shall cite the applicable section(s) of Standard (29 CFR § 1910.134.).

Temporary OSHA Guidance Respiratory Protection

- ❑ CDC recommends that Health Care Providers (HCP), providing direct care of patients with known or suspected COVID-19, **practice infection control**
- ❑ **Appropriate respiratory protection is required for all healthcare personnel providing direct care of these patients**
- ❑ **OSHA recommends HCP employers follow existing CDC guidelines including measures to conserve supplies while safeguarding HCP**
- ❑ **May provide HCP with another respirator of equal or higher protection like P, R or N99 or 100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges, or PAPRs**
- ❑ **Healthcare employers may change the method of fit testing from a destructive method (i.e., quantitative) to a non-destructive method (i.e., qualitative).**

Employer Responsibilities



- Good-faith effort to comply w. **Respiratory Protection Standard**
- Use only **NIOSH-certified** respirators
- Implement CDC and OSHA **strategies for optimizing the supply of N95 respirators** and prioritizing their use
- Perform initial fit tests** with same model, style, and size
- Inform workers that the employer is **temporarily suspending annual fit testing** to preserve and prioritize supply
- Explain to workers the importance of **performing a user seal check** at each donning to make sure of adequate seal
- Conduct a fit test if **observe changes** in the employee's physical condition that **could affect respirator**
- Protect HCW face and eyes from exposure**



Guidance for Extended Use and Limited Reuse of N95 Respirators

PANDEMIC PLANNING

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Guidance for Extended Use and Limited Reuse of N95 Respirators



PANDEMIC PLANNING

- ❑ Minimize number of individuals who need to use respiratory protection through use of engineering, administrative controls
- ❑ Use alternatives to N95 respirators - other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, PAPRs
- ❑ Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable
- ❑ **Protect respirators from exposures to contact, droplet and aerosol contaminants during all usage**
- ❑ **Prioritize the use of N95 respirators for personnel at highest risk of contracting or experiencing complications of infection**

Extended Use and Reuse Recommendations

- Discard (do not reuse) filtering facepiece respirators (N95 and better) following:**
 - use during aerosol generating procedures
 - **contamination** with blood, respiratory or nasal secretions, bodily fluids from patient
 - **close contact** with care area of patient co-infected with an infectious disease requiring contact precautions
- Use a cleanable face shield over an N95 respirator and/or other steps (masking patients/engineering controls) to reduce surface contamination**
- Perform hand hygiene with soap/water or alcohol-based hand sanitizer before/after touching or adjusting the respirator**
- Discard respirator that is damaged or hard to breathe through**

Respirator Extended Use Recommendations

Extended use of respirators is preferred over reuse.

- Perform a user seal check every time a clean, new respirator is donned.
- Keep wearing the same respirator as care is provided for multiple patients with the same respiratory pathogen.
- Protect outside of respirator by using barriers to prevent droplet spray contamination. Use face shield (preferred) or cover respirator with disposable loose fitting surgical mask**
- Do not touch or remove respirator during period of extended use. To use restroom or take break, doff respirator.
- Use clean gloves when removing respirator, handle by straps
- No more than 8 total hours of use per respirator

Respirator Reuse Recommendations

Extended use is preferred. Limited reuse is permitted:

- Use clean (non-sterile) gloves when donning a used respirator.
- Perform a user seal check wearing clean gloves every time respirator is reused/donned.
- Protect outside of respirator from droplet and contact contamination by using face shield (preferred) or covering with a surgical mask.**
- Use clean gloves before doffing a respirator you plan to reuse.
- Discard respirator after aerosol generating procedures and when contaminated with blood, respiratory or nasal secretions or other bodily fluids.
- No more than 5 reuses per filtering facepiece device permitted

Respirator Reuse Recommendations

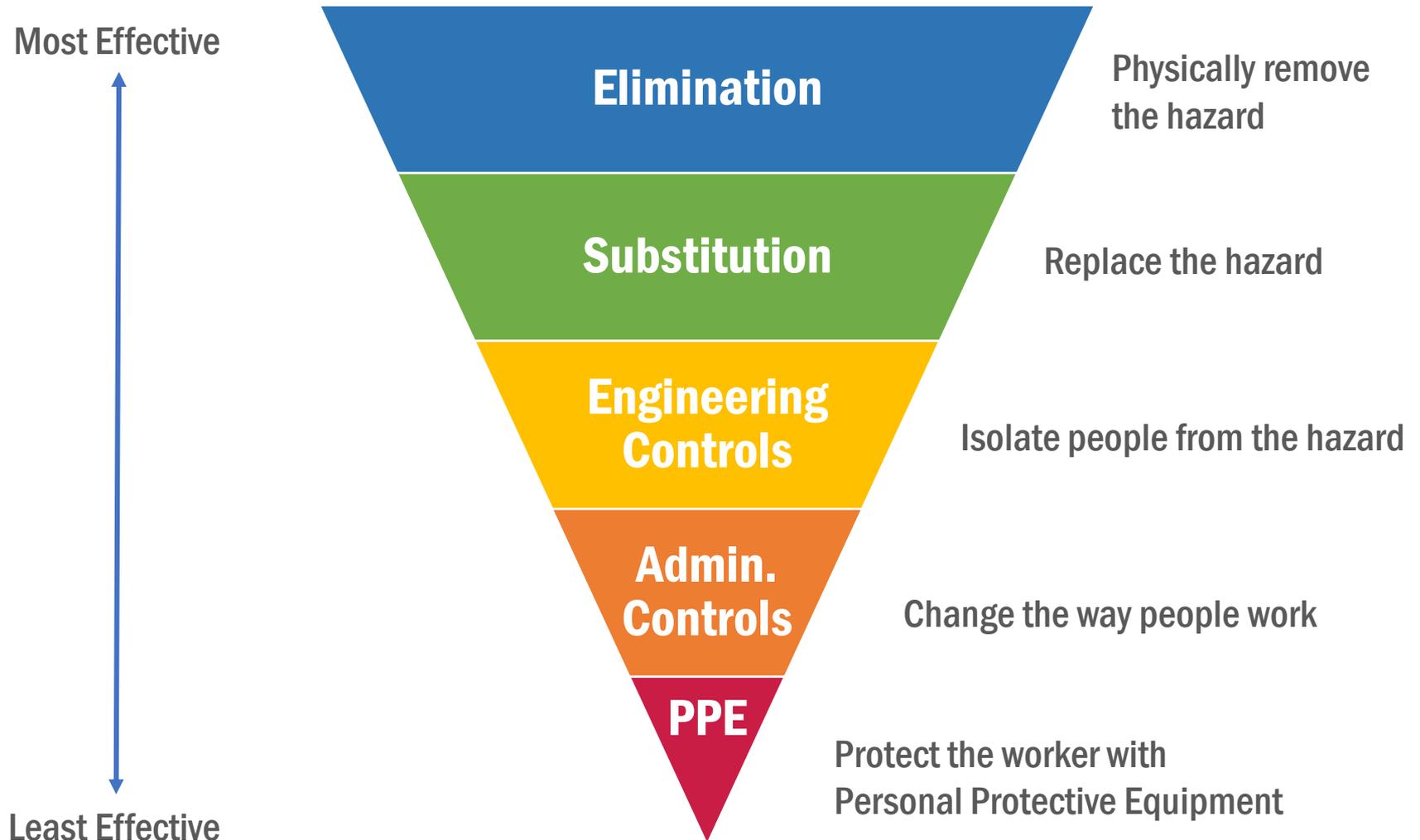
- ❑ **Avoid touching and contaminating the inside of respirator.**
- ❑ **Avoid touching outside of respirator. If contact is made, change gloves and perform hand hygiene as with extended use**
- ❑ **For reuse, hang used respirators in designated storage area or keep in a clean, breathable container (e.g. paper bag) between uses**
 - **Minimize potential cross-contamination, store respirators so they do not touch; clearly identify person using the respirator**
 - **Storage containers should be disposed of or cleaned regularly**



Hierarchy of Controls

<https://www.cdc.gov/niosh/topics/hierarchy/default.html>

Hierarchy of Controls





Strategies for Optimizing the Supply of N95 Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy-h.pdf>

Strategies for Optimizing the Supply of N95 Respirators



CONVENTIONAL

Strategies consist of providing patient care without any change in daily practices

CONTINGENCY

Strategies may change practices but may not have a significant impact on patient care or HCP safety

CRISIS

Strategies not commensurate with current US standards of care but may need to be considered during periods of expected or known N95 shortages

CONVENTIONAL

Engineering Controls

- ❑ **Isolate patients** in airborne infection isolation room (AIIR)
- ❑ **Use physical barriers** such as glass or plastic windows at reception areas, curtains between patients, etc.
- ❑ **Properly maintain ventilation systems** to provide air movement from a clean to contaminated flow direction

CONVENTIONAL

Administrative Controls

- Limit number of patients going to hospitals or outpatient settings by screening for acute respiratory illness prior to non-urgent care or elective visits**
- Exclude all HCP not directly involved in patient care (e.g., dietary, housekeeping employees)**
- Reduce face-to-face HCP encounters with patients (e.g., bundling activities, use of video monitoring)**
- Exclude visitors to patients with known or suspected COVID-19**

CONVENTIONAL

Administrative Controls (continued)

- ❑ **Implement source control:** ID and assess patients who may be ill with, or may have been exposed to a patient with COVID-19. **Place patient in facemask** until placed in an AIIR or private room. Facemask patient during personal care.
- ❑ **Cohort patients:** Group patients who are infected with the same organism to confine their care to one area
- ❑ **Cohort HCP:** Assign designated teams of HCP to provide care for all patients with suspected or confirmed COVID-19
- ❑ **Use telemedicine to screen and manage patients** using technologies and referral networks to reduce influx of patients

CONTINGENCY

PPE and Respiratory Protection

- ❑ **Combine eye and face protection with respiratory protection by using face shields. If face shields unavailable use splashproof goggles**
- ❑ Use N95s or better for protection from airborne and fluid hazards (COVID-19, others).
- ❑ Use non-surgical N95s or better if surgical N95s are not available
- ❑ Use N95 respirators beyond manufacturer-designated shelf life (expired PPE) **for training and fit testing**
- ❑ **Extend use of N95 respirators** by wearing the same N95 continuously for repeated close contact encounters with several different patients (as discussed)
- ❑ **Contingency plans DO NOT include REUSE of Respirators unless treating multiple TB patients with no contact precautions. Remove N95 between encounters**

CONTINGENCY

Administrative Controls

- Decrease length of hospital stay for medically stable patients with COVID-19 who cannot be discharged to home for social reasons by identifying alternative non-hospital housing**

- Use **'expired'** respirators as identified by CDC as performing adequately for healthcare delivery
- Use respirators approved **under standards used in other countries** similar to NIOSH-approved N95 respirators
- Implement limited re-use** of N95 respirators for patients with **COVID-19, measles, and varicella**
- Use add. respirators ID'd by CDC as **NOT** performing adequately for healthcare delivery beyond manufacturer shelf life
- Prioritize the use of N95 respirators and facemasks by activity type with and without masking symptomatic patients

CRISIS

Administrative Controls When No Respirators Are Left

- Exclude HCP at higher risk for severe illness** from COVID-19 from contact with known or suspected COVID-19 patients (i.e., those of older age, those with chronic medical conditions, or those who may be pregnant)
- Designate convalescent HCP for provision of care to known or suspected COVID-19 patients** those who have clinically recovered from COVID-19 and may have some protective immunity to preferentially provide care

CRISIS

Engineering Controls When No Respirators Are Left

- Use an expedient patient isolation room for risk-reduction*
- Use a ventilated headboard to decrease risk of HCP exposure to a patient-generated aerosol*
- Use masks, shields and face coverings not evaluated or approved by NIOSH or homemade masks as a last resort*



Recommendations for Monitoring Based on COVID-19 Exposure Risk

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Healthcare Personnel (HCP)

- HCP refers to **all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.**
- HCP **does not include clinical laboratory personnel.**

Self-Monitoring

- HCP should monitor themselves for fever by **taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)***.
- Anyone on self-monitoring should be **provided a plan for whom to contact if they develop fever or respiratory symptoms** during the self-monitoring period to determine whether medical evaluation is needed

Self-Monitoring with delegated supervision

- ❑ **HCP monitors with oversight by employer's occupational health or infection control program in coordination with health dept.**
- ❑ **On days HCP scheduled to work, employer could measure temperature and assess symptoms prior to starting work. Facility may have HCP report temperature and absence of symptoms to occupational health prior to starting work**
- ❑ **Establish point of contact between the employer, the self-monitoring HCP, and health department**
- ❑ **Agree on plan for medical evaluation of HCP who develop symptoms, instructions for notifying employer and health dept, and transportation arrangements to a hospital.**

Active Monitoring

- ❑ **State or local public health authority assumes responsibility for regular communication with potentially exposed people**
- ❑ **For HCP with high or medium exposures, CDC recommends this communication occurs at least once each day**
- ❑ **Mode of communication can may include telephone calls or any electronic or internet-based means of communication.**
- ❑ **For HCP, active monitoring can be delegated to the HCP's healthcare facility occupational health or infection control program**

Close Contact

- ❑ **Being within approximately 6 ft. of a person with COVID-19 for a prolonged period of time – *defined as ‘more than a few minutes’*** (caring for or visiting the patient; sitting within 6 feet of the in a waiting area or room), or
- ❑ **Having unprotected direct contact with infectious secretions or excretions of the patient** (being coughed on, touching used tissues with a bare hand)
- ❑ **Factors include duration of exposure, clinical symptoms, whether patient was wearing a facemask, PPE used by HCP, and whether aerosol-generating procedures were performed**
- ❑ **Insufficient data define the duration of time that constitutes prolonged exposure, reasonable to consider an exposure greater than a few minutes as a prolonged exposure**

Risk Exposure Categories



NO IDENTIFIABLE RISK

COMMUNITY OR TRAVEL-ASSOCIATED

ADHERE TO PREVENTION & CONTROL PRACTICES

LOW RISK

MEDIUM RISK

HIGH RISK

LOW RISK

Prolonged close contact with a COVID-19 **patient who was wearing a facemask** (i.e., source control)

HCP PPE - Risk Factors

Work restrictions (asymptomatic)

Not wearing eye protection	Self monitoring with delegated supervision No restrictions
Not wearing gown or gloves	
Wearing all recommended PPE (except a facemask instead of a respirator)	

LOW RISK

Prolonged close contact with a COVID-19 **patient who was not wearing a facemask** (i.e., source control)

HCP PPE – Risk Factors

Work restrictions (asymptomatic)

HCP not wearing gown or gloves	Self monitoring with delegated supervision No restrictions
HCP wearing all PPE (except facemask instead of a respirator)	

MEDIUM RISK

Prolonged close contact with a COVID-19 **patient who was wearing a facemask** (i.e., source control)

HCP PPE – Risk Factors

Work restrictions (asymptomatic)

HCP with no PPE	Active Monitoring Exclude from work for 14 days after last exposure
HCP not wearing a facemask or respirator	

MEDIUM RISK

Prolonged close contact with a COVID-19 patient who **was not wearing a facemask** (i.e., no source control)

HCP PPE – Risk Factors

Work restrictions (asymptomatic)

HCP not wearing eye protection

Active Monitoring

Exclude from work for 14 days after last exposure

HIGH RISK

Prolonged close contact with a COVID-19 patient who **was not wearing a facemask** (i.e., no source control)

HCP PPE – Risk Factors

Work restrictions (asymptomatic)

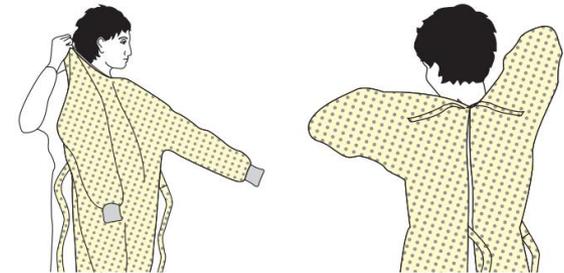
HCP with no PPE	Active Monitoring Exclude from work for 14 days after last exposure
HCP Not wearing a facemask or respirator	

Sequence for donning PPE

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

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



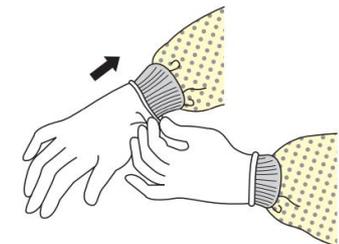
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



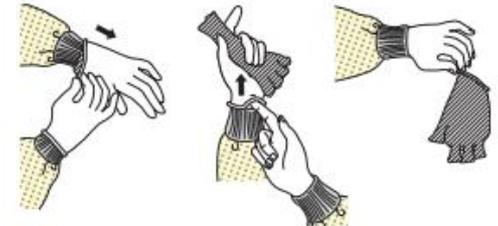
Sequence for doffing PPE



Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container

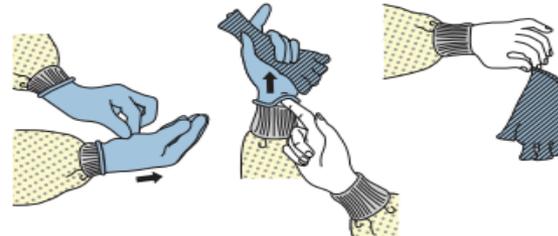


Sequences for doffing PPE (Example 1)



1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious* 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 or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container



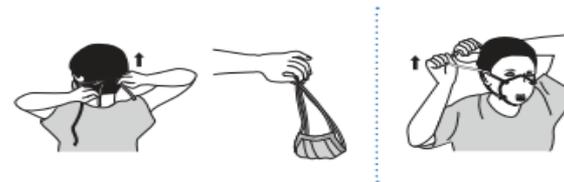
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious* waste container



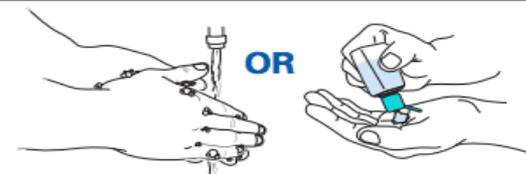
4. MASK OR RESPIRATOR

- 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 an infectious* waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.



Sequences for doffing 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



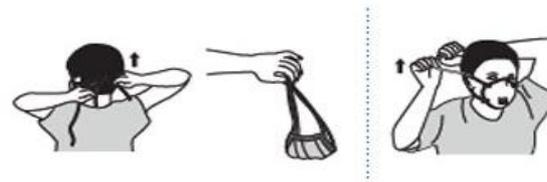
2. GOGGLES OR FACE SHIELD

- 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

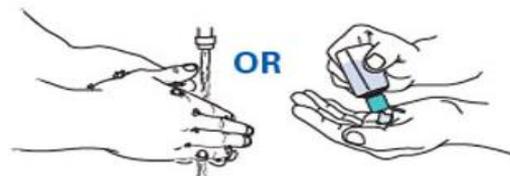


3. MASK OR RESPIRATOR

- 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





Have general questions about COVID-19?

Call the public hotline!

Call the NJ COVID-19 and

Poison Center Public Hotline at

1-800-962-1253

or 1-800-222-1222

**Trained professionals are standing by to answer your call 24/7 or visit [nj.gov/health](https://www.nj.gov/health)
Hotline is not to locate testing, to get test results, or for medical**

<https://www.nj.gov/health/cd/topics/ncov.shtml>

Resource Review

- **NIOSH Guidance for Extended Use and Limited Reuse of N95 Respirators**
 - **CDC Strategies for Optimizing the Supply of N95 Respirators**
 - **CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)**
 - **OSHA Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak**
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Overview of COVID-19
Selected Resources and Guidance for Healthcare Workers
Addendum – March 19, 2020



Criteria for Return to Work for Healthcare Personnel (HCP) with Confirmed or Suspected COVID-19

**Interim Guidance
Reviewed March 16, 2020**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html#practices-restrictions>

Return to Work Criteria for Healthcare Personnel (HCP) with Confirmed or Suspected COVID-19 (1)

1. Test-based strategy. Exclude from work until:

- Resolution of fever without use of fever-reducing medications and
- Improvement in respiratory symptoms (cough, shortness of breath), and
- Negative COVID-19 test results from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens)

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19 (2)

2. Non-test-based strategy. Exclude from work 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 (e.g., cough, shortness of breath); **and**
- At least 7 days have passed since symptoms first appeared**
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times** while in the healthcare facility until **all symptoms are completely resolved or until 14 days** after illness onset, whichever is longer
- Be **restricted from contact with severely immunocompromised patients** (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette** in CDC's interim infection control guidance
- Self-monitor for symptoms**, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Crisis Strategies to Mitigate Staffing Shortages

LAST RESORT:

Healthcare systems, facilities, and authorities might determine that *recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages*. In such scenarios:

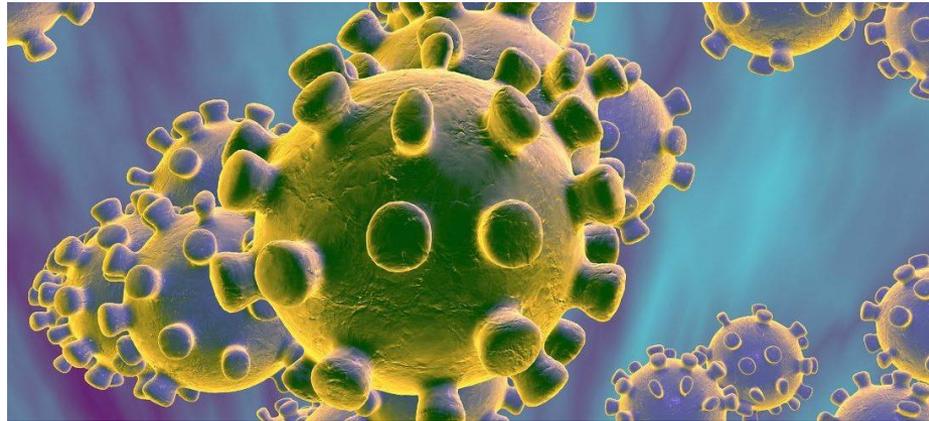
- ❑ HCP should be **evaluated by occupational health to determine appropriateness** of earlier return to work than recommended
- ❑ If HCP return to work earlier than recommended, **adhere to the Return to Work Practices and Work Restrictions**
- ❑ For more info, see CDC's *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19*

Addendum Resource Review

- **Criteria for Return to Work for Healthcare Personnel (HCP) with Confirmed or Suspected COVID-19 (Interim Guidance) Reviewed March 16, 2020**



Coronavirus: What you need to know



www.hpae.org

<https://www.hpae.org>



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