Occupational Safety and Health Administration (OSHA) Town Hall
Infection Control – Practice Concerns & Questions
with Care Expansions

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Basis for Today’s Discussion

▪ The discussion and presentation will keep the Federal Standards from OSHA in mind while acknowledging many States have OSHA approved state programs as well.

▪ CDC – Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safer Care (44 page)

https://www.osha.gov/contactus/bystate

Town Hall Objectives!

▪ Provide brief OSHA Regulations overview
▪ Provide brief OSHA and Infection Control Risk Management Planning
▪ Review Agencies Roles Infection Control
▪ Review “best practices” & “burning questions” with increased patient volumes
▪ Infection Control Risk Management Planning Basics
▪ PPE Volume, Use, Decontamination and Resources
▪ Provide resources and information
What are the Key Agencies?

- World Health Organization (WHO)
  - International Health within the United Nations
- National Institutes of Health (NIH)
  - Agency within US Government
  - Biomedical and Public Research
- Centers for Disease Control (CDC)
  - US health protection agency
  - Guidance on protections
- Occupational Safety and Health Administration (OSHA) – statutory requirements
- FDA – Food and Drug Administration
  - Appendix A Authorized Respirators
- Federal Emergency Management Administration
  - Pandemic Planning
- State and Local Department of Health Administrations
- Centers for Medicare and Medicaid Services (CMS)
Common Workplace OSHA Hazards
Small Practices

- Medical Emergency/Disaster Preparedness
- **Hazard Communications (Right to Know – SDS)**
- **Bloodborne Pathogens/Infection Control/Sharps**
- **Hand Hygiene**
- **Personal Protective Equipment (PPE)**
- General Safety/Fall Prevention
- **Safe Patient Handling/Ergonomics**
- Electrical Safety/Equipment Maintenance
- Fire Safety/Fire Evacuation
- Security (Violence in the Workplace)/Active Shooter
- Airborne Diseases: Legionnaire’s/TB/Ebola/Influenza/COVID-19

BQ: OSHA vs. DOH – What’s the difference?

- Actually 2 sides of the same coin
  - Department of Health (DOH) is concerned for public health & safety (patients and visitors)
  - OSHA is concerned with employers providing a safe working environment
- We are concerned with both!
- Both are concerned with Infection Control!
**BQ: Does OSHA Infection Control apply to my practice?**

“The Needlestick Safety and Prevent ion Act directed OSHA to revise its Bloodborne Pathogens standard (29 CFR 1910.1030). OSHA published the revised standard in the *Federal Register* on January 18, 2001; it took effect on April 18, 2001. The requirement to implement the use of engineering controls, which includes safer medical devices, has been in effect since 1992.”

Applies to *all employers* who have employee(s) with *occupational exposure* (i.e., *reasonably* anticipated *skin, eye, mucous membrane,* or parenteral contact with blood or *other potentially infectious materials (OPIM)* that may result from the performance of the employee’s duties).

https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html

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**Where to find OSHA’s Bloodborne Pathogen (BBP) Standards?**

*eCFR 1910.1030 Toxic and Hazardous Substances – Bloodborne Pathogens*

How are the Bloodborne Pathogens Standards applied?

This discussion “Applies to all occupational exposure to blood or other potentially infectious materials (OPIM) as described in subpart (b)


Additional Key OSHA Definitions – Bloodborne Pathogens:

- **Contaminated** – presence or *reasonably anticipated presence* of blood or other potentially infectious materials (OPIM) on an item or surface (laundry/linens, therapy equipment/treatment tables, sharps/needles, glass, lab tubes, dental wires)
- **Engineering Controls** – controls put in place to isolate or remove bloodborne pathogens from workplace (*sharps containers, safe needles/self-sheathing, biohazard trash containers*)
- **Infectious materials** – bile, wound drainage, semen, CSF, synovial fluid, vaginal discharge, breast milk
Why OSHA, Why Now?

CMS Issued Memos – Infection Control Specific DOH Priorities

- On March 4 and March 20th, CMS released memos to State Survey Agencies to suspend surveys and focus investigations on Infection Control. These investigations may be based upon complaints and/or facilities with priority threats regarding COVID-19. The focus is currently on skilled nursing homes and hospitals.

- CMS called on all health care providers to implement steps to implement infection control practices immediately and update policies to be in compliance. This included monitoring the Centers for Disease Control (CDC) guidelines for safe healthcare business operations based upon a risk assessment of your physical plant, patient clinical case mix and staffing, and policies and procedures.


What would you do if the Local DOH showed up at your Practice?

Why OSHA, Why Now? (cont.)

Coronavirus Aid, relief and Economic Security Act (Cares Act) – Small Business Loan Application

“The Occupational Safety and Health Act (29 U.S.C. 3651 et seq.) require businesses to modify facilities and procedures to protect employees when appropriate. If your business does not do so, you may be penalized, forced to close or prevented from starting operations in a new facility. Because of this, we may require information from you to determine whether your business complies with OSHA regulations and may continue operating after the loan is approved or disbursed. You must certify to us that OSHA requirements applying to your business have been determined and that you are, to the best of your knowledge, in compliance.”
BQ: Why OSHA, Why Now?

- OSHA is a Federal Agency with Requirements
  - Always required companies to provide a safe work environment through training, process and providing functioning equipment.

- OSHA is part of our Compliance Plan – like HIPAA/OCR, CMS, OIG

- Providing a safe environment for our patients, visitors, and our staff is part of our value system. – APTA, AOTA & ASHA Ethical Standards

- Stay-at-Home Relaxation poses risks: In Clinic vs. In Home vs. SNF vs. ACH

- OSHA compliance more important (COVID-19 & PHE)

- Prevent Reputational Damage
  a) Contact Tracing Ramp Up
  b) Referral Relationships

NY – Executive Order Phased Re-Opening - FAQs

- If I am an essential business, am I subject to the new operating requirements detailed in the Guidance?
  Answer: Yes. The increased measures detailed in the Guidance are in furtherance of public health and safety, and all businesses as well as units of State and local government are required to ensure this standard of safety.

- What if my business cannot procure enough protective equipment for all workers?
  Answer: If your business cannot procure the required protective equipment, then your business cannot operate safely. Your business can only reopen when you are able to fully supply adequate protective equipment and to help protect the health and safety of your workers. You may contact your county Office of Emergency Management for assistance in procuring PPE, to the extent it is available.
NY – Executive Order Phased Re-Opening - FAQs

- I do not have adequate space to allow employees to social distance during lunch breaks. Am I required to provide lunch/break space, or can I close this space off entirely?
  **Answer:** Employers are strongly encouraged to locate sufficient space to allow employees to socially distance during lunch or break, to stagger shifts and break times, and to take other steps to limit the number of employees on break or lunch at the same time.

- Can I refuse entry to someone not wearing a mask on site?
  **Answer:** Yes, businesses must refuse entry so long as the refusal is not on a discriminatory basis.

- Recommend review of the FAQs – GREAT resource

https://esd.ny.gov/guidance-executive-order-2026
https://esd.ny.gov/nyforward-faq

NY – Forward Safety Plan Template

**PEOPLE**

- Required to be maintained on-site
- Social distancing and markers
- Limit in-person and use tele- or video-conferencing
- Business required to provide face coverings and/or PPE as appropriate at no cost to employee
  - How will you manage visitors
  - How will you manage lunch/shift breaks

NY – Forward Safety Plan Template

PLACES

Protective Equipment
- Business required to provide face coverings and/or PPE as appropriate at no cost to employee
- Limit sharing of objects and discourage touching of shared surfaces
- Measures implementing to protect visitors and employees

Hygiene and Cleaning
- Hand Hygiene, Hygiene and alcohol-based hand sanitizing
- Cleaning and disinfecting at least every shift

Communication
- Post signs social distancing, use of PPE, proper hygiene
- Communication Plan & maintain Continuous log (workers & visitors) with close contact excluding deliveries with appropriate PPE
- Positive Worker mandated reporting

PROCESSES

Screening
- Mandatory Health Screening: questionnaire, temp. checks before each work-day, on-site or prior to arrival
- Determine PPE needs for individuals performing screening
- Asking patients COVID-19 questions

Contact Tracing and Disinfection of Contaminated Areas
- Have a contamination disinfecting plan
- Have a tracing contact process

OTHER
- List all other steps implemented by your practice
Where can I find Information to Update my OSHA Plan?

BQ: What is the most recent CDC Guidance – Infection Control Healthcare Settings?

- 5/22/2020 Update – Clarification on Spread Transmission
- Guidance for Clinical Care Non-COVID-19 patients during the PHE (5/18/2020)
- Top 3 Priorities
  1. Reduce Facility Risk
  2. Isolate symptomatic patients
  3. Protect healthcare personnel
BQ : What does my OSHA Plan Include?

- Minimize Chance for Exposures
- Adhere to Standard and Transmission- Based Precautions
- Take Precautions when performing Aerosol-Generating Procedures
- Collection of Diagnostic Respiratory Specimens
- Manage Visitor Access and Movement within the Facility
- Implement Engineering Controls
- Monitor and Manage Healthcare Personnel
- Train and Educate Healthcare Personnel
- Implement Environmental Infection Control
- Establish Reporting within and between Healthcare Facilities and to the Public Health Authorities

BQ : What are the Critical Portions of an OSHA Infection Control Plan?

- Conducting an OSHA Risk Assessment
- An Occupational Exposure plan
- Job Classifications Process (PPE needs)
- Exposure Incident Reporting
- Implementing Basic Infection Prevention Measures
- Updating/Creating Policies & Procedures
- Conducting Staff Training

- Hepatitis, Air-Borne, Post-Exposure, OPIMs P & Ps
- Needle-Stick P & Ps (5-year retention)
- Providing Appropriate and Adequate Personal Protective Equipment (PPE) Volumes, Proper Use and Application
- Appropriate Disinfectants – chemical Safety Data Sheets (SDS)
- **ALL needed** to Respond to a DOH Complaint

[https://www.osha.gov/Publications/OSHA3990.pdf](https://www.osha.gov/Publications/OSHA3990.pdf)

- Develop Infection Disease Preparedness and Response Plan
- Prepare to Implement Basic Infection Control Measures
- Develop P & P to Identify and Isolate Sick People
- Develop process to have flexible hours and protections (Keep HR in mind)
- Implement Workplace Controls


https://www.osha.gov/Publications/influenza_pandemic.html

BQ: What are Workplace Controls?

- Engineering Controls
  a) Biohazards
  b) Ventilation
  c) Plastic barriers/PPE

- Administrative Controls
  a) Changes in Work Policy
  b) Alternate Days/Shifts
  c) Non-Essential Travel/Cross-Covering
  d) Patient Entrance/Intake Process Changes
BQ: What are Workplace Controls? (cont.)

- Safe Work Practices
  - a) Providing Resources
  - b) Hand Washing Signs
  - c) Increased Hand Hygiene Staff and Patients

- Personal Protective Equipment
  - a) Gloves/Gowns
  - b) Goggles/Face shields/face masks and respiratory protection
  - c) CPR Masks/Ambu Bags
  - d) Consider function, fit, ability to decontaminate, disposal and cost.

- Follow existing OSHA standards
- Follow State and Local Health Specific guidance

BQ: How do I track my OSHA Planning?

Risk Assessments

- Conducting Risk Assessments (probability and Likelihood = Impact)

Risk Registers
BQ: Where can I obtain a Resource to assess Risks?

- OSHA free resource – “Self – Evaluation”
- 29CFR 1960.79, Subpart J – Basic Program Elements for **Federal** Employees of OSHA, Self-Evaluations of OSHA Programs – this is a “free” resource to guide your OSHA
- OSHA Plan Core Elements
  - a) Management Leadership – Communicate your Commitment
  - b) Worker Participation
  - c) Hazard Identification and Assessment
  - d) Hazard Prevention and Control
  - e) Education and Training
  - f) Program Evaluation and Improvement
  - g) Communication and Coordination for Host Employers, Contractors, and Staffing Agencies


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BQ: FEMA Influenza Pandemic Plan – How else can I support my OSHA Plan?

- **FEMA** – Pandemic Influenza Template
  - a) Complete and maintain as part of your response
  - b) Guidance in developing Pandemic Influenza Continuity of Operations Plan
    - Delegation of Authority
    - Orders of Succession
    - Continuity of Facilities
    - Human Resources
    - Essential Records Management

https://www.fema.gov/media-library-data/1396880633531-35405f61d483668155492a7cccd1600b/Pandemic_Influenza_Template.pdf
BQ : What is the CDC Definition of Coronavirus?

Coronaviruses are a large family of viruses (over 100). Some coronaviruses cause cold-like illnesses in people. Others cause illness in certain types of animals, such as cattle, camels and bats. Animal coronaviruses rarely spread to people, but this happened with SARS-CoV and MERS-CoV. Only seven (7) are known to impact humans with three (3) posing serious risks.
BQ : When to seek Medical Attention?
Is monitoring Temperature most effective?

Symptoms may appear 2-14 days after exposure to the virus.
- Cough
- Shortness of Breath/Difficulty breathing

Or At Least two of these symptoms
- Fever
- Chills
- Repeated shaking with chills
- **Muscle pain**
- **Headache**
- Sore Throat
- New loss of taste or smell


BQ: What are the Self- Monitor, Self-Quarantine and Self-Isolate CDC Guidance?

- Self-Monitor: If you or someone in your home might have been exposed
- Self-Quarantine: Recently had close contact with infected individual or recently traveled outside the US or were on a cruise or river boat. The quarantine period for COVID-19 is 14 days from the last date of exposure.
- Self-Isolate: Been diagnosed with COVID-19, awaiting test results or have cough/fever or shortness of breath. Avoid all persons in home or isolation, Masks, etc.
- Website lists what to do with each stage
- State and Local DOH Dependent


Note: Hint for stocking up on groceries during quarantine https://www.today.com/food/coronavirus-grocery-list-what-you-need-survive-virus-t175051
CDC Operating Guidance and Provisions

- CDC – Guidance on Transmission

  The virus is thought to spread mainly from person-to-person.
  
  a) Between people who are in close contact with one another (within about 6 feet).
  b) Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
  c) These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  d) COVID-19 may be spread by people who are not showing symptoms.

- Healthcare Facility Provisions: (more restrictive than home recommendations)
  
  a) Explore alternatives to triage acutely ill patients
  b) Work with local and state DOH
  c) Maintain and monitor healthcare staffing
  d) Post Signs at Entrance – respiratory illness return to car
  e) Increased Telehealth
  f) Keep HR in mind when handling staff concerns

Healthcare Provider Resource

Post COVID-19

[https://www.osha.gov/Publications/OSHA3994.pdf](https://www.osha.gov/Publications/OSHA3994.pdf)


Personal Protective Equipment (PPE) Defined!

OSHA Definition: “specialized clothing or equipment worn by an employee for protection against infectious materials”
BQ: Yes, I am required to provide PPE for my Staff? Discussed on Earlier Slide!

“The Needlestick Safety and Prevention Act directed OSHA to revise its Bloodborne Pathogens standard (29 CFR 1910.1030). OSHA published the revised standard in the Federal Register on January 18, 2001; it took effect on April 18, 2001. The requirement to implement the use of engineering controls, which includes safer medical devices, has been in effect since 1992.”

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https://www.osha.gov/SLTC/bloodbornepathogens/bloodborne_quickref.html
PPE – BQ #2

What PPE do I Provide?

Typical Personal Protective Equipment (PPE)
OPT Therapy Clinic Considerations

- Employers supply PPE needed:
  - Gloves/Gowns
  - Goggles/Face shields
  - CPR Masks/Ambu Bags
  - Sharps Containers/Biohazards
  - Facemasks/ *Fit Test (N95/K95 Masks)*

- Employee Eye Wash Stations
- Hand Soap/Sanitizers/Aerosol Disinfectants
- Follow CDC/OSHA guidance – PPE reuse parameters
- Employees should know where to find PPE
- Consider your patient PPE needs as well – patients required as well
BQ: Can I use Cloth Facemasks in the Clinic per the CDC Guidance?

- Facemask help lesson potential droplet contamination and exposure to others – Masks are to protect others from you!
- *Cloth facemasks* recommended to slow COVID-19 on April 10, 2020 when social distancing measures are difficult – *Public Guidance not Healthcare Professionals*
- *NIOSH Facemasks* should be used by healthcare workers or providers caring for infected or suspected individuals. In most cases healthcare workers are now required by employers to wear facemasks throughout work shift.
- NY is following CDC Guidance


PPE – BQ #3

How much PPE do I need?
PPE Needs – Risk Assessment & Considerations

- Staff Occupational Exposure Needs’ drives Type of PPE Needed – risk assessment
- Optimize Engineering and Administrative Controls
- Durability of the PPE and Reuse recommendations by CDC
- Cloth vs Paper linen decisions
- Patient Volumes, Types of patients and Settings (in facility, in home)
- Utilize the CDC Burn Rate Calculator – assist with PPE Needs
  a) Conventional vs. Contingency Capacities vs. Crisis Capacities
- Keep up with CDC, State and Local Department of Health
- Keep NY Specific guidance in mind

PPE Volume Resources

BQ: Can I reuse air-purifying respirators (APRs)?:

- It Depends –
  a) Prior to COVID-19 vs. Crisis Shortage Capacity
  b) State and Local Health Requirements.
- Recommend reviewing CDC crisis capacity guidance provided
  a) Decontamination and Reuse of Filtering Facepiece Respirators
  b) Recommended guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings
Extended Use/Re-Use/Decontaminating Resources

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


PPE – BQ #5

What Infection Control Training do I provide my Staff?
Yes, I have to Train my Staff and Update Current Policies.
OSHA Standards (eCFR 1910.132 (f))

- Training – Each employee to be trained on the following:
  a) Consider clinical and environmental activities and PPE requirement?
  b) What type of PPE is Necessary?
  c) Educate on Don/Doff, adjusting and wearing PPE?
  d) Understand the PPE Limitations? Single vs. Re - Use
  e) Ensure all staff utilize PPE correctly once trained and re-train as needed.

PPE – BQ #6

How often do I conduct OSHA Training?
What and How much Training Do I Provide?

- Keep in mind it was always a requirement upon Hire, annually and as needed prior to COVID-19
- Reconduct 2020 training with COVID-19 information
- Include Appropriate and Proper use of PPE
- Include Standard Precautions and Hand Hygiene
- Include COVID-19 specific training now as well.
- Update and Review OSHA and Infection Control P & Ps
- Retain Training Records – will be needed in complaint response

https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html

PPE – BQ #7

Where can I find Educational Resources?
Consider the Clinic and Patient needs.
Incorporate into your Training and Updated Policies and Procedures!
CDC Burn Rate Calculator!

CDC Burn Rate Calculator – Spreadsheet to input staffing levels and determine PPE to stock and assist with replenishing


Be Prepared to Educate your Patients & Staff!

Educate on Hand Hygiene #1
Post Hand Hygiene CDC Posters - Free!

https://www.cdc.gov/handwashing/fact-sheets.html

PPE – CDC Donning in Healthcare?

PPE – CDC Doffing in Healthcare

FIT TEST Poster – Respiratory Protection
Employer Requirements:

- Assess appropriateness for Respiratory PPE
- Educate staff on proper fit
- Conduct Fit Tests before use of PAPR

https://blogs.cdc.gov/niosh-science-blog/2020/03/16/n95-preparedness/
PPE – Additional Resources
Respiratory Protection Information

- https://www.cdc.gov/niosh/topics/respirators/default.html
- https://www.cdc.gov/niosh/docs/99-143/

BQ #8: What are my Biohazard Waste Disposal Requirements?
Biohazard-Regulated Waste

- OSHA defines this as medical waste posing the risk of carrying infectious diseases.
- Examples:
  1. Drugs/Body Fluids
  2. Dried Blood
  3. Liquid or semi-liquid
  4. Contaminated sharps/disposable linens
  5. Contaminated disposal PPE

- Disposed within Red Sharps Containers with Closable lids or Biohazard Waste

What to place within Red Container?

- Drugs, Body Fluids, Dried Blood, OPIMS
- Examples:
  1. Liquid or semi-liquid body fluids
  2. Contaminated sharps/disposable linens/dressings
  3. Contaminated disposable PPE/Paper towels
  4. Other potentially infected materials (OPIMs)
- Disposed within Red Sharps Containers
What to place in Regular Trash?

- Paper Towels, Napkins, Pillowcases, Gowns, & Sheets
- Food wrappers, beverage cans, plastic bags
- Tongue Depressors, ES electrodes, Gloves

If Contaminated, follow Biohazard Waste

OPT Therapy Biohazard Considerations!

- **Dry Needling – Biohazard**
  - Segregate patient care from BBP/Biohazard areas
  - Maintain employee **food storage** from treatment storage
  - Utilize Standard Precautions/Sterile Precautions as required
  - **Utilize PPE** per your company policy and Exposure Determination Classifications when handling biohazards
  - PPE, First Aid Kit and Emergency Response aide P & Ps and known Access

Policies  Procedures
BQ #9: Are my current Housekeeping Processes Sufficient?

Housekeeping Considerations!
Update and Review Polices and Procedures

- Ensure staff are trained on OSHA regarding Hazard Communication (29 CFR 1910.1200) *(requires an OSHA Policy)* – **Risk Assessment** – **SDS Requirements**


- Consider Surface porosity when determining Cleaning vs. Disinfecting? – **Know** your State and Local DOH Requirements

Housekeeping Considerations!
Update and Review Polices and Procedures

- Cleaning vs. Disinfecting? – Not the same
- Develop Daily/Normal Housekeeping Policy/Process
- Disinfecting between patients – "kill times" – EPA Disinfectants
- Know approved EPA-Disinfectants? – (EBV or HIV Kill capability)
- Determine What needs to be Disinfected or Cleaned & How often? – Risk Assessment
- Develop your plan to Disinfect with a Positive Case – Requires Policy and NY requires in your Safety Plan

Housekeeping Best Practices!
Update and Review Polices and Procedures

- Document PPE Needs with housekeeping in mind as well, not only patient care
- Establish Cleaning & Disinfecting Schedule – document the schedule
- Post Hand Washing/Hand Sanitizing posters and expectations in the clinic and at sinks for staff and visitors
- Maintain employee food storage from treatment storage (includes beverages)
- Review/Renew Pest Control Services & Contract
- Clinics Considerations
  - No food in the patient treatment area
  - Staff break room should be clean – includes refrigeration dates
  - Consider disposable dishware for staff – eliminates sponges or dish towels which could be contaminated
  - Use dishwasher if available
Housekeeping Considerations – (cont.)

- Clean equipment per manufacture guidelines/schedule
  - I. Hydrocollator tanks and covers
  - II. Paraffin
  - III. Ice Machines/Refrigerators
  - IV. Whirlpool/Fluidotherapy
  - V. Cubicle curtains

- Cloth Towel laundering and detergent utilized
  - I. Contaminated – CDC Disinfectant (bleach 1:10), Bleach or 70% Alcohol Solutions
  - II. Non-Contaminated – may not require bleach


Housekeeping Best Practices – Prevent Cross-Contamination

- Patient Treatment Modality Considerations
  - i. Issue Individual ES Electrode Pads
  - ii. How will you utilize Theraputty/Theraband
  - iii. How often will Isotonic/Exercise Equipment be cleaned
  - iv. Will you have patients wear gloves when touching equipment?
  - v. Consider Patients wearing gloves along with mask/face covering

- Keep flooring and equipment in good repair
- Spills on floors should be cleaned immediately – Spill Kits
- Consider Staff PPE Storage (overnight/post-shift)
- Consider disposal linens
- Plan to document your housekeeping stringently.
## Establish Environmental Cleaning Plan - Sample

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<th>Weekly</th>
<th>Daily</th>
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### Covid-19 Operational Takeaways

**Uncharted Seas**

![Image of an ocean wave]

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73 73 74
Basic Healthcare Provider Tips – COVID-19

- Utilize appropriate and minimum PPE for job classification
- Avoid contact with sick individuals – patients, staff or family
- Avoid touching your eyes, nose and mouth with unwashed hands
- Hand hygiene and washing hands > 20 seconds – between patients and on a more frequent basis
- Cover coughs and sneezes throwing tissue in trash (biohazard consideration)
- Consistently practice social distancing treatment strategies at work – requires staffing and patient appointment pattern changes

Service Expansion Strategies? APTA/PPS Considerations

- Implement New Patient Intake Strategies & Questions - Phone
- Implement a process to ID “at risk” individuals
- Prepare staffing and scheduling patterns
- Build buffers into schedule for disinfecting and COVID-19 screening
- Assess the physical layout of exercise & treatment equipment
- Prepare for PPE needed during COVID-19 PHE and beyond
- Contingency staffing (pregnancy, other defined risk groups)
- Stay Informed – CDC, OSHA, CMS daily updates
- Stay up-to-date with local and state public health reporting requirements
- Post signs on respiratory etiquette and hand washing hygiene

[Link to APTA Considerations for Outpatient Clinics During COVID-19]
Service Expansion Strategies?
APTA/PPS Considerations

- Educate patients and staff to not report to work/appt. with respiratory
- Educate patients of “NO visitors permitted”
- Implement physical environmental traffic flow – social distancing
- Review and update Waste Disposal Plan
- Prepare to have increased PPE needs including hand sanitizer
- Prepare for a more structured/documentated housekeeping process.
- Follow most restrictive guidelines (CDC/OSHA/State/Local DOH)
- Follow Suspected/Confirmed Reporting Guidelines and Ask Questions


Implement Phone Screening Messaging/Script!

3) Screen for COVID-19 symptoms and take note of any symptoms or symptom details.

Exposure

“In the two weeks before you felt sick, did you”
- Have contact with someone who was diagnosed with COVID-19?
- Live in or visit a place where COVID-19 is spreading?

Check for symptoms

“Do you/the patient have fever or have you/the patient felt hot or feverish in the last two days?”
- Ask “Were you able to measure the temperature with a thermometer?”
  o If yes, Ask “What was the temperature and when was it measured?”
  o If no, Ask “Are you/the patient experiencing shaking, chills, or sweating? Do you/the patient feel very warm?”
- Ask “When did the fever/feverishness start?”
- Ask “Was fever-reducing medication given?”
  o Give examples if needed (e.g., ibuprofen, acetaminophen).
  o If yes, Ask “How long ago was the medication taken?”
- “Are you/the patient having shortness of breath?”
  o If yes: Ask if patient is experiencing severe shortness of breath.
  o “Are you/the patient having difficulty breathing without catching your/the patient’s breath?”
  o “Do you/the patient need to stop to catch your/the patient’s breath when walking across the room?”
  o Advise the patient to call 911 or go to the ED if shortness of breath is severe.
  (SEE CARE MESSAGES B and D)
- If No: Continue with triage.
- “Do you/the patient have a cough?”
  o Ask “How much blood have you/the patient coughed up?” or “Have you/the patient coughed up more than a tea
    spoon of blood?”
  o If patient reports coughing up more than 1 teaspoon of blood (hemoptysis), advise them to go to the ED.
  (SEE CARE MESSAGE D)

Operational Re-Opening or Expansion Resources!

Medical Group Management Association (MGMA)


Resources

- https://www.osha.gov/
- https://www.osha.gov/Publications/HazComm_QuickCard_SafetyData.html
- http://www.nfpa.org/
- http://www.apta.org/PolicyandProcedureManuals/SampleContent/
- https://www.dhs.gov/human-resources-or-security-professional
Resources

- https://www.dhs.gov/human-resources-or-security-professional/Active_Shooter_Planning_and_Response_in_a_Healthcare_Setting_2015.pdf
- https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Town Hall Q & A
Thank You for your service!

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