

e-Compliance Training

Infectious Disease Preparedness - June 2020



THIS TRAINING SESSION IS RECOMMENDED FOR:

All health and dental care workers (administrative and clinical).

Training Objectives

The objectives for this training session are to:

- Review symptoms of seasonal and pandemic viruses and means of transmission;
- Identify pandemic prevention strategies in health care facilities; and
- Outline safety measures for viruses commonly encountered in the health and dental care settings, including influenza and SARS-CoV-2

Viruses Affecting Healthcare Workers

Many viruses circulate each season and year in the United States. Some viruses cause mild to moderate illness, while others are capable of causing serious illness or death. Both OSHA and the Centers for Disease Control and Prevention (CDC) have provided guidance on protecting healthcare workers from illness associated with exposure to two specific viruses: SARS-CoV-2 and influenza. OSHA documents often instruct employers to follow guidance issued by the CDC, and in some cases, a memorandum of enforcement is issued. There are other existing standards such as the Personal Protective Equipment Standard and the Respiratory Protection Standard, that may also apply. Viral outbreaks can put a strain on health services and resources, cause illness in employees, and result in lost workforce productivity.

SARS-CoV-2

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. It originated in China and has now spread around the world. COVID-19 can cause illness ranging from mild

to severe, and is fatal in some cases. Those at highest risk for severe illness and death include persons aged 65 and older and those with asthma, diabetes, heart conditions, chronic kidney disease, severe obesity, immunocompromised status, and liver disease. At this time, there is not a vaccine for SARS-CoV-2, and although development of a vaccine is underway, it will be some time before a vaccine is approved for safety and efficacy. OSHA has identified several risk categories for exposure to SARS-CoV-2. In health and dental care settings, workers will fall into one of the following categories (note that most staff of practices who are not actively treating or diagnosing patients with COVID-19 will fall into the medium exposure risk category).

Medium exposure risk

Jobs that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.

High exposure risk

Healthcare delivery and support staff exposed to known or suspected COVID-19 patients (e.g., doctors,



Interactive Training Reminder

Compliance Training is an interactive training program in which you can address questions with other staff members or supervisors to obtain clarification for situations in your work setting.

Write down any questions that you have about the training topic and address them with your Training Coordinator or supervisor.

nurses, and other staff who must enter COVID-19 patient care areas or have contact with COVID-19 patients).

Very high exposure risk

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).

Influenza

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious complications can result in hospitalization or death. Older people, young children, and people with certain health conditions are at high risk of serious complications.

There are two main types of seasonal influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu outbreaks each year. Over the course of a flu season, different types (A & B) and subtypes of influenza circulate and cause illness.

Contagiousness and Transmission

SARS-CoV-2

The coronavirus that causes COVID-19 is thought to be spread primarily through respiratory droplets between

people who are in close contact (within 6 feet). Droplets can land in the mouths or noses of people nearby and be inhaled into the lungs. Airborne transmission from person-to-person over long distances is unlikely. The contribution of aerosols, or droplet nuclei, to close proximity transmission is currently uncertain. The virus has been shown to survive in aerosols for hours and on surfaces for days, depending on factors such as sunlight, surface composition, etc.

At this time SARS-CoV-2 is spread easily and sustainably between people. Current information suggests that SARS-CoV-2 spreads more easily than influenza, but not as efficiently as the measles.

Although all details are not yet known, it is thought that people are most contagious when they are the most ill. However, there are also indications that patients may be able to spread the virus while pre-symptomatic or asymptomatic.

Although some countries have begun to get past the worst of the outbreak, only some areas of the United States have passed the peak of SARS-CoV-2. Certain areas may soon begin to slowly phase back into non-essential activities, but health officials are preparing for a possible resurgence of the virus as a result.

Influenza

Seasonal influenza spreads easily, with rapid transmission in crowded areas. When an infected person coughs or sneezes, droplets containing viruses (infectious droplets) are dispersed into the air and are spread to persons nearby who breathe these droplets in. The virus can also be



spread when hands contaminated with influenza viruses touch a person's eyes, nose or mouth. People with flu can spread it to others up to about 6 feet away. Recent studies show that influenza virus is present in air when an infected person simply breathes.

People with influenza are most contagious in the first 3-4 days after illness begins. Most healthy adults may be able to infect other people beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Children may pass the virus for longer than 7 days. You can transmit flu to someone else before you know you are sick. Some people can be infected with the flu virus but have no symptoms. During this time, those persons may still spread the virus.

2020-2021 Flu Season

Influenza viruses are constantly changing, and the timing, severity and length of flu season are different every year. Flu outbreaks can happen as early as October and can last until May. During the past flu season (2019-2020), national flu activity peaked in February.

The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common.

Signs and Symptoms

SARS-CoV-2

Symptoms of COVID-19 begin to appear 2-14 days after exposure to the virus. There are a wide range of poten-

tial signs and symptoms of the novel coronavirus. Not everyone will experience all of the symptoms, and severity varies widely.

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Emergency warning signs for COVID-19 which require immediate medical attention include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Influenza

The following signs and symptoms are common to influenza infection. It important to note that not everyone with flu will have a fever, nor will everyone experience all of the symptoms. Symptoms generally begin 1 to 4 days after the virus enters the body.

- Fever/chills
- Cough (usually dry)
- Sore throat
- Runny or stuffy nose
- Muscle, body or joint aches
- Headaches
- Fatigue (very tired)



- Some people may have vomiting and diarrhea, though this is more common in children.

Prevention

Precautions appropriate for both SARS-CoV-2 and Influenza

- Avoid close contact with people. Maintain a distance of at least six feet from others. This is known as social distancing.
- Stay home from work, school, and errands when you are sick, or if you have a known exposure. You will help prevent others from catching your illness. Do not return to work until you are cleared by your doctor or your employer to do so. For influenza, this will be when you are fever-free for 24 hours without the use of fever-reducing medication. For COVID-19 illness or exposure to SARS-CoV-2, you may be asked to self-quarantine for 14 days, and to stay home until at least 3 days have passed since recovery (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms); AND at least 7 days have passed since symptoms first appeared.
- Cover your mouth and nose with a tissue when coughing or sneezing and instruct patients to cover their cough/sneeze as well. If you are unable to use a tissue, cough or sneeze into your elbow or shoulder, not your hands.
- Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub. Refer to the section “Hand Hygiene” on page F for more detailed information.

- Avoid touching your eyes, nose or mouth.
- Clean and disinfect frequently touched surfaces with a disinfectant that is EPA-registered and lists human coronavirus and influenza as target pathogens. Follow the label instructions carefully. For electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Get plenty of sleep, be physically active, try to manage stress, drink plenty of fluids, and eat nutritious food.

SARS-CoV-2

There is currently no vaccine for SARS-CoV-2. The best prevention is to avoid being exposed. This is accomplished by avoiding unnecessary contact and activities and practicing social distancing and following the other measures outlined above. In addition, the following steps are specific to SARS-CoV-2:

- The use of face masks/cloth face covers prevents respiratory droplets from traveling as far as they normally would and can help to prevent transmission when worn by someone who is infected.
- When possible, do not share desks, phones, workstations, writing instruments, and other equipment.
- Use barriers to prevent droplets from reaching you if you will have face-to-face contact with patients or others.



Influenza

The CDC indicates that the best way to prevent seasonal influenza is to get vaccinated every year. It takes about two weeks after vaccination for antibodies to develop, so vaccination should occur ideally by the end of October. Vaccinating too early (August and early September) can result in reduced protection at the end of flu season. Vaccinating late can still be beneficial. In addition, even if you do get influenza, it may be milder if you've had the vaccine, and there is a reduced risk of complications. Healthcare workers are at higher risk for contracting influenza, so it is especially important for you to receive the influenza vaccine each year. Annual seasonal influenza vaccination will also help to prevent you from exposing patients to influenza.

Workplace Controls

Steps appropriate for both SARS-CoV-2 and Influenza

Monitor viral activity in your community by checking with state and local health departments. This can be accomplished by checking the web sites of the CDC and your state and local health departments. Regular updates on viral activity are published.

Actively screen patients, staff, and visitors for symptoms at every point of entry to the facility when viral activity increases in your community. When scheduling appointments, instruct patients to inform you if they have symptoms of any respiratory infection and to take appropriate preventive actions (e.g., wear a facemask upon entry, follow your practice's triage procedure). Limit persons accompanying patients to those who are necessary. Your

practice may institute additional measures, such as having patients wait in their vehicles if possible, and entering the practice when staff is ready to see them.

During periods of increased viral activity

Take steps to minimize elective visits by patients with suspected or confirmed illness. For example, if you provide primary care, consider establishing procedures to minimize visits by patients seeking care for mild illness who are not at increased risk for complications (e.g., provide telephone consultation to determine if there is a medical need to visit the facility). If you are a specialty practice, consider rescheduling non-emergent visits.

During Visits

- Take steps to ensure all persons adhere to respiratory hygiene, cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit. These might include:
 - Posting visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCP with instructions about respiratory hygiene and cough etiquette. The posting should include:
 - How to cover nose and mouth with facemasks.
 - How to use a tissue to cover nose and mouth when coughing or sneezing and to dispose of contaminated items in waste receptacles.
 - How and when to perform hand hygiene.
 - Implementing procedures during appointment making and patient registration that facilitate adherence to appropriate precautions (e.g., at the



time of patient check-in, inquire about presence of symptoms of a respiratory infection, and if present, provide instructions).

- Ask patients to wear their own facemask if possible. This can be a cloth mask or a mask they bring with them. This helps to prevent shortages of PPE for staff.
- Provide supplies to perform hand hygiene to all patients (e.g., at entrances of facility, waiting rooms, at patient check-in).
- Provide space and ensure that patients and workers are placed as far away from others as possible (at least six feet). If available, facilities may wish to place patients in a separate area while waiting for care. Some practices will also add visual markers, signs and barriers to ensure that patients and others distance themselves appropriately.

Hand Hygiene

Handwashing is an important precaution in preventing viral infections. In general, hand hygiene should be performed:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- In healthcare, between patients, and after removing PPE
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste

- After handling pet food or pet treats
- After touching garbage

How To

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

See the CDC's handwashing site for more information: <https://www.cdc.gov/handwashing/index.html>.

Hand Sanitizers

Washing hands with soap and water is usually the best way to reduce the number of germs on them. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and may not remove harmful chemicals. Hand sanitizers are not as effective when hands are visibly soiled.

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry. This should take at least 15 seconds.



Engineering Controls

Your employer will identify and implement appropriate engineering controls, which may include the following, some of which are only applicable to certain settings:

- Install high-efficiency air filters.
- Increase ventilation rates in the work environment.
- Install physical barriers, such as clear plastic sneeze guards, and physical partitions such as cloth curtains.
- Establish triage stations or protocols.
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in certain health-care settings with very high risk).

Administrative Controls

Your employer will also deploy a variety of administrative controls as applicable to your setting, which may include:

- Minimizing contact among workers, patients and others by replacing face-to-face meetings with virtual communications and implementing telework for some tasks/positions if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in the facility, allowing distancing while maintaining a full work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. If you normally travel for work, this may be reduced during outbreaks.
- Including special training for workers who need to use protective clothing and equipment in the context of current and potential duties, including how to put it on, use/wear it, and take it off correctly.

Personal Protective Equipment (PPE)

For protection against SARS-CoV-2, PPE is dependent on your facility's assessment of worker exposure, which can be lower risk, medium risk, high risk or very high risk. Most practices who are not knowingly treating patients with confirmed or suspected COVID-19 and are not performing aerosol-generating procedures will fall into the medium risk category. The PPE used for preventing SARS-CoV-2 will also prevent influenza transmission.

PPE for Medium Risk

Workers in the medium risk exposure category will wear some combination of the following, depending on the task and types of anticipated exposure:

- gloves
- gown
- face mask
- face shield or goggles

PPE for High or Very High Risk

Workers in the high or very high risk exposure category will likely need the following:

- gloves
- gown
- face shield or goggles
- face mask or respirator, depending on job tasks and exposure risks

Note that if your job duties and exposure risk necessitate the use of a respirator, fit testing and fit checking is required as part of a respiratory protection program that will be implemented by your employer. ●



e-Compliance Training Test

Infectious Disease Preparedness - June 2020

NAME: _____

DATE: _____

SIGNATURE: _____

STAFF POSITION: _____

Return your test to your supervisor or Compliance Coordinator upon completion. Individual tests will be maintained to document participation and understanding of the information. Review the training information to find the correct answers to any questions that may have been missed.

1 The medium exposure risk category includes jobs that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.

Select One **T** **F**

2 If soap and water are not available, you should clean hands with an alcohol-based hand sanitizer that contains at least 90% alcohol.

Select One **T** **F**

3 The CDC indicates that influenza vaccination should ideally take place by the end of October.

Select One **T** **F**

4 Hand sanitizers are not as effective as hand-washing when hands are visibly soiled, and hand sanitizers cannot remove chemical contamination.

Select One **T** **F**

5 All health and dental care workers need to wear respirators when treating patients during viral outbreaks.

Select One **T** **F**

6 During periods of increased viral activity, you should consider rescheduling non-emergent patient visits.

Select One **T** **F**

7 There is currently no vaccine for SARS-CoV-2. The best prevention is to avoid being exposed.

Select One **T** **F**

8 Symptoms of COVID-19 begin to appear 15-21 days after exposure to the virus.

Select One **T** **F**

9 Common symptoms for both SARS-CoV-2 and influenza include, fever, cough and sore throat.

Select One **T** **F**

10 Those at highest risk for severe illness and death from COVID-19 include persons aged 65 and older and those with asthma, diabetes, heart conditions, chronic kidney disease, severe obesity, immunocompromised status, and liver disease.

Select One **T** **F**