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STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

May 22, 2020

Aloha,

RE: COVID-19 EDUCATIONAL MATERIALS FOR RESIDENTIAL CARE SETTINGS

Hoping you and your residents are healthy and safe during this trying time.

The Hawaii Department of Health, Office of Health Care Assurance and Public Health Nursing Branch worked together to compile this packet of pandemic information because you are operating a licensed/certified Adult Residential Care Home, Developmental Disability Domiciliary Home, and/or Community Care Foster Family Home. The information in this packet provides basic education and resources to prevent getting and spreading germs like the SARS-CoV-2 virus that causes Coronavirus (Covid-19). Please take some time to read through the contents or visit the suggested websites for more information.

Please visit the CDC (https://www.cdc.gov/coronavirus/2019-nCoV/index.html) and/or the Department of Health (https://health.hawaii.gov/coronavirusdisease2019/) websites for additional education resources and updated information.

Sincerely,

Justin Lam, RN
Section Supervisor
Office of Health Care Assurance

Gloria Fernandez, DNP, RN PHNA-BC
Acting Branch Chief
Public Health Nursing Branch

Pandemic
Frequently Ask Questions

Q: What are some ways to physically distance residents?

A: Mealtime: Staggering mealtimes or allowing residents to eat in their rooms are methods to promote physical distancing during mealtime.

A: Shared bedroom: The recommendation from the Centers for Disease Control and Prevention (CDC) and Hawaii Department of Health for physically distancing people is a minimum of six feet. If six feet cannot be accomplished, there are some things that can be done such as setting up barriers between the beds such as curtains. Arranging the beds so that clients lay in a head to toe configuration can also support social distancing. Consider converting a common area into a sleeping area during this time.

A: Common Areas: Rearrange furniture so that residents sit six or more feet apart. Minimize the number of residents in the common areas at the same time or create a schedule for the residents use of common areas.

Q: What is the difference between cleaning, sanitizing and disinfecting?

A: Cleaning removes dirt or germs from surfaces. Sanitizing reduces germs on surfaces. Disinfecting kills the germs which cause infection when the label directions are followed. We recommended that you clean before disinfecting because sanitizers do not work on dirty surfaces. Follow the label for use of personal protective equipment to ensure you are protected when using the products.

Q: What products can be used to disinfect your home?

A: The CDC and Hawaii Department of Health recommend the use of Environmental Protection Agency (EPA) approved products to disinfect your home. A list of disinfecting products can be found at https://www.epa.gov/coronavirus

On May 12, 2020, the EPA launched the List N Tool: COVID-19 Disinfectant Website application that is accessible from a computer, smart phone, iphone®, or tablet. To find out which viruses your disinfecting products fight against, look up a product by EPA number found on the packaging of the disinfectant using the web application.

Q: What is the ratio of bleach to water to use as a disinfectant?

A: The CDC instructions for preparing a bleach solution for disinfecting as 1/3 cup (5 tablespoons) of bleach per gallon of water or 4 teaspoons of bleach per quart of water. The bleach solution is effective for disinfecting up to 24 hours. Please note that if you are an Adult Residential Care Home or a Developmental Disabilities Domiciliary Home, the sanitizing of **dishes** should continue as previously instructed.

Q: The stores do not have disinfecting products when I shop. What other ways can I disinfect?

A: Refer to the attached and Cleaning and Disinfection for Households CDC and/or

Safer Cleaning, Sanitizing and Disinfection Strategies to Reduce and Prevent COVID-19 Transmission Handout

Q: How can I admit residents during a pandemic?

A: Admitting residents actually will help clear beds in larger facilities that need them for sick/infected persons. Ensure the potential admission is screened and non symptomatic prior to admission. Do you have the ability to isolate the resident if necessary? If so, follow isolation guidelines. Current COVID-19 isolation recommendation is minimum fourteen (14) days.

Q: Will I lose my ARCH license if I do not admit residents during a pandemic?

A: No, admissions per Hawaii Administrative Rules are at the discretion of the licensee. Should you choose to not admit new residents during a pandemic, you will not lose your license/certificate.

Q: Can I restrict all visitors during a pandemic?

A: No. You may recommend that visitors not visit during a pandemic for the safety of the staff and residents. Electronic visits are recommended. However, essential visitors like Department of Health, Police, Fire, Paramedics, Adult Protective Services, Case Managers, etc. should not be refused entry for any reason. Screening should be done for all visitors.

Q: Will the Office of Health Care Assurance (OHCA) and Community Ties of America (CTA) continue inspections and visits during a pandemic?

A: Yes. Because OHCA and CTA are tasked with the responsibility of ensuring the health, welfare, and safety of residents in licensed and certified facilities, visits and inspections must still be conducted. During a pandemic, the visits and inspections will be abbreviated and will focus more on infection control and your general preparation for the pandemic. Personal Protective Equipment (PPE) will be utilized while in your facility, and should the facility have additional PPE (e.g. facemasks) to offer, the essential visitor will wear the additional PPE.

Q: Why would you come to our homes during a pandemic?

A: During this pandemic, there have been an increased number of neglect and abuse cases and if left unchecked, could have detrimental effects to the Kupuna in our licensed and certified facilities. That's why our visits are shortened and abbreviated, and focus more on safety, infection control, and your pandemic response plan.

Q: What do I do if someone in my home might have the virus?

A: If you suspect a person has symptoms related to the pandemic, isolate that person immediately and follow the flowsheet titled "Hawaii Care Home Covid-19 Testing Decision Management Guide." This guide provides screening criteria, testing decision management flowsheet, guidelines on isolation, testing resources and what to do after someone is tested. The guide is included in this packet.

COVID-19 Home Care Guide

Hawaii Department of Health

If you begin to develop a fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your illness at home.

<u>5 Steps to Follow if you Feel Sick</u>

1. Stay home

- ❑ Avoid contact with others. Do not go to work, school, or public places
- ❑ Try to have a family member or friend deliver food, medicine, and other essentials

2. Monitor your symptoms

- ❑ If your symptoms get worse call your healthcare provider
- ❑ For medical emergencies, call 911

3. Isolate yourself from others in your household

- ❑ Stay in a separate room and use a separate bathroom, if possible
- ❑ If you must be around other people, wear a facemask
- ❑ Avoid touching things around the house and sharing personal items

4. Get lots of rest and stay hydrated

- ❑ Avoid physical activity and drink lots of fluids
- ❑ Try to eat healthy foods to get the nutrients you need to recover

5. Avoid spreading your germs

- ❑ Wash your hands often with soap and water
- ❑ Cover your cough and sneezes and dispose of tissue immediately
- ❑ Clean surfaces frequently with disinfectant products

For more detailed information, visit the CDC's website:
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

Coronavirus Disease 2019 (COVID-19)

Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)

Other Languages Print Page

Summary of Recent Changes

Revisions were made on 3/26/2020 to reflect the following:

- Updated links to EPA-registered disinfectant list
- Added guidance for disinfection of electronics
- Updated core disinfection/cleaning guidance

Background

There is much to learn about the novel coronavirus (SARS-CoV-2) that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about COVID-19, spread from person-to-person of this virus happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

It is unknown how long the air inside a room occupied by someone with confirmed COVID-19 remains

potentially infectious. Facilities will need to consider factors such as the size of the room and the ventilation system design (including flowrate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close off rooms or areas used by ill persons before beginning disinfection. Taking measures to improve ventilation in an area or room where someone was ill or suspected to be ill with COVID-19 will help shorten the time it takes respiratory droplets to be removed from the air.

Purpose

This guidance provides recommendations on the cleaning and disinfection of households where persons under investigation (PUI) or those with confirmed COVID-19 reside or may be in self- isolation. It is aimed at limiting the survival of the virus in the environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on household settings and are meant for the general public.

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

General recommendations for routine cleaning and disinfection of households

- Community members can practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics (see below for special electronics cleaning and disinfection instructions)) with household cleaners and EPA-registered disinfectants that are appropriate for the surface, following label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
    - 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.

General recommendations for cleaning and disinfection of households with people isolated in home care (e.g. suspected/confirmed to have COVID-19)

- Household members should educate themselves about COVID-19 symptoms and preventing the spread of COVID-19 in homes.
- **Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, phones, tablets, touch screens, remote controls, keyboards, handles, desks, toilets, sinks)**
    - In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to **as-needed** (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
- As much as possible, an ill person should stay in a specific room and away from other people in their home, following home care guidance.
- The caregiver can provide personal cleaning supplies for an ill person's room and bathroom, unless the room is occupied by child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants (see examples).
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- Household members should follow home care guidance when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

How to clean and disinfect

Hard (Non-porous) Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
    - A list of products that are EPA-approved for use against the virus that causes COVID-19 is

available here . Follow manufacturer's instructions for all cleaning and disinfection products for (concentration, application method and contact time, etc.).

- Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
    - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 that are suitable for porous surfaces.

Electronics

- For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.
  - 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 sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands

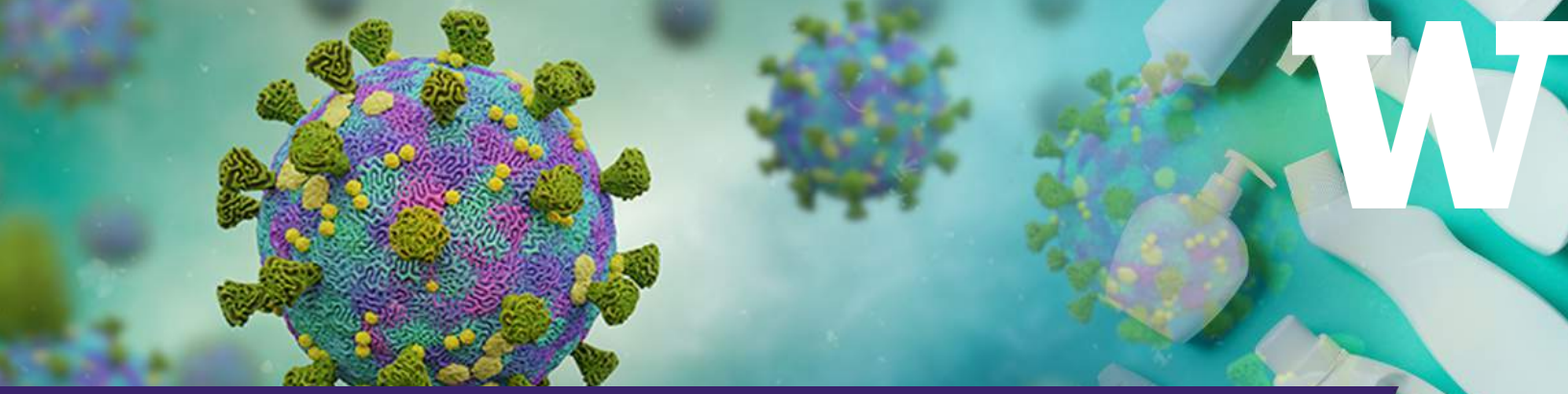
immediately after gloves are removed.
  - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
  - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items 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. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Hand hygiene and other preventive measures

- Household members should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Household members should follow normal preventive actions while at work and home including recommended hand hygiene and avoiding touching eyes, nose, or mouth with unwashed hands.
  - 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
    - Before and after providing routine care for another person who needs assistance (e.g. a child)

Other considerations

- The ill person should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- If possible, dedicate a lined trash can for the ill person. Use gloves when removing garbage bags, handling, and disposing of trash. Wash hands after handling or disposing of trash.
- Consider consulting with your local health department about trash disposal guidance if available.



Safer Cleaning, Sanitizing and Disinfecting Strategies to Reduce and Prevent COVID-19 Transmission

Proper cleaning and disinfecting are important for reducing the spread of COVID-19. This fact sheet provides best practices for cleaning, sanitizing and disinfecting surfaces to prevent the spread of disease while minimizing harmful chemical exposures. These practices focus on the workplace, however they can be applied in any setting. Consult the U.S. Centers for Disease Control and Prevention and the U.S. National Institute for Occupational Health and Safety for the most current information.

Remember, when possible for handwashing and cleaning surfaces, soap and water is always the best option.

Why are we talking about safer practices?

Hazardous chemicals are common in cleaning, sanitizing and disinfecting products.

People using these products, and people in the spaces where they are used, can get sick or develop illnesses, including asthma. Others harm reproductive health or may cause cancer if too much exposure occurs. Some damage skin or other body systems. For example, custodians using cleaning products and disinfectants may suffer from work-related asthma due to exposure on the job.

Safer options are available

Look for Safer Choice, Green Seal®, Ecologo® and Design for the Environment (DfE) labels on products.

These labels are on environmentally preferable cleaning products and disinfectants that have a lesser or reduced effect on human health and the environment. These labels have strict requirements and can help you avoid chemicals that have negative impacts.

Key Terms

Cleaner

Removes germs, dirt, and impurities from surfaces or objects. Works by using soap/detergent, water and friction to physically remove dirt and germs from surfaces. Cleaning before disinfecting reduces spreading infection more than disinfecting alone.

Sanitizer

Reduces germs on surfaces to levels considered safe for public health (usually 99.99%). Products must be EPA registered.

Disinfectant

Destroys almost all infectious germs, when used as the label directs on a surface. No effect on dirt, soil, or dust. Should be used where required by law, in high-risk and high-touch areas, or in case of infectious disease. Products must be EPA registered.

Decision Making and Selecting

Disinfectants and sanitizers are regulated as pesticides by the U.S. EPA. If the Design for the Environment (DfE) label is not on the product, use disinfectants and sanitizers that contain ethanol, isopropanol (isopropyl alcohol), hydrogen peroxide, L-Lactic acid, or citric acid. During use of chemicals, ventilate the space with outside air by opening doors and windows, or by bringing in outside air with your air handling system.

Refer to the San Francisco Department on the Environment resource, listed at the end of this fact sheet, for additional guidance on disinfectant ingredients.

Safer Disinfectant Options

Ethanol, isopropanol (isopropyl alcohol)
Hydrogen Peroxide
L-Lactic Acid, Citric Acid

The EPA Design for the Environment criteria for disinfectants/sanitizers is used for defining safer chemicals. "Peracetic acid is sold in solution as a mixture with acetic acid and hydrogen peroxide to maintain its stability, but is highly corrosive and exposure to it can severely irritate the eyes, skin and respiratory system." Paracetic acid is typically sold in concentrations of 1 to 5 percent and is diluted before use in food and healthcare industries.[2] Try to avoid products containing peracetic acid.

What Else is Important for Product Selection?

- ✓ **Cleaning is always the first step.** Disinfectants and sanitizers do not work on dirty surfaces.
- ✓ **Cleaning is different from sanitizing and disinfecting** (see the box on page 1 for definitions). Disinfectants are widely misused and overused, including improper concentrations and solutions. More is not necessarily better - often, cleaning is all that's needed.
- ✓ **Personal protective equipment (PPE), such as gloves, may be needed.** Refer to the product label or Safety Data Sheet to see if specific protective measures are recommended. You will need to consider if the product is being sprayed into the air (which makes it easier to inhale) or placed on cloths (which can cause skin exposure), as well as how concentrated the product is and if it should be diluted.
- ✓ **Dwell or contact time matters for sanitizers and disinfectants.** They work only if left on a surface for specified times. See the manufacturers' instructions on the label.
- ✓ **Use the right product for the surface!** Not all surfaces are the same. For example, what works on fabric may not work on stainless steel. Some products work on bacteria but not viruses. Some must be diluted, such as bleach. Some can be used in sprays; others cannot. Is it certified for your purpose by EPA or another reputable body?

Best Practices for Safe and Effective Cleaning and Disinfecting During a Pandemic

1 Develop a Plan

This applies all the time, whether it's a pandemic or not. Develop and maintain a set of written standard operating procedures for cleaning and criteria for when to sanitize or disinfect. This should include schedules for routine cleaning operations and activities performed periodically.

2 Start by asking: "Do I need to disinfect, and is it necessary?"

If not, use fragrance free soap/detergent and water or an all-purpose cleaner with Safer Choice, Green Seal or Ecologo labels. Soap inactivates the new coronavirus by dissolving the lipid (fatty) membrane that envelops the virus and allows it to stick to our cells. Soap and water, with microfiber cloths or mops can also get rid of 99% of bacteria.

3 Routinely clean all frequently-touched surfaces

These surfaces include workstations, counter tops, light switches, railings, doorknobs, and equipment (such as steering wheels and machinery). Use cleaning agents regularly used in these areas, following directions on the label. Select products with Safer Choice, Green Seal or Ecologo labels. Use a clean surface of the cloth to prevent cross contamination. Alcohol wipes can be used on electronics.

4 Select a disinfectant or sanitizer that contain less hazardous ingredients

If you determine disinfection is necessary, use products registered by the **U.S. Environmental Protection Agency (EPA) List N Disinfectants for Use Against SARS CoV-2, the virus that causes COVID-19:** https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Look for DfE products - the Responsible Purchasing Network has made it easy for you! If none are available, look for products containing the safer active ingredients mentioned above.

Avoid sodium hypochlorite (bleach) and quaternary ammonium compounds, if possible; these ingredients can cause asthma. Let disinfectants stay glistening wet on the surface or air dry for the right dwell or contact time on the product's label instructions. Otherwise, resistant germs will remain and grow, which can lead to "superbugs."

5 Provide information and training

Remember, employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication Standard (29 CFR 1910.1200). People need to know the right way to use the products and symptoms of possible harm. Protective equipment -- including gloves -- needs to be appropriate for the product. If information isn't on the safety data sheet, call the manufacturer for specific glove materials, or ask an occupational health specialist.

Use accepted best practices and technology for cleaning. For example, perform restroom cleaning from high to low, toward the doorway, and with dry cleaning tasks performed prior to wet cleaning tasks.

6 Evaluate

Evaluate the plan. Get feedback from people using the products and from those in the spaces where they are used.

ADDITIONAL RESOURCES FOR CLEANING AND DISINFECTING

U.S, CDC Coronavirus Disease 2019:
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html

EPA List of Disinfectants for Use Against SARA-COV-2 :
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

U.S. EPA's Safer Choice:
https://www.epa.gov/saferchoice

U.S. EPA Design for the Environment (DfE):
https://www.epa.gov/pesticide-labels/design-environment-logo-antimicrobial-pesticide-products

U.S, NIOSH COVID-19 2019:
https://www.cdc.gov/niosh/emres/2019_ncov.html

San Francisco Department of the Environment:
https://www.sfapproved.org/microfiber-cleaning-products

Healthy Schools Campaign:
https://www.healthygreenschools.org/2020/03/how-to-safely-disinfect-for-coronavirus/

Healthcare Without Harm:
https://noharm-europe.org/articles/news/europe/promoting-safer-disinfectants-healthcare-sector

Informed Green Solutions:
https://www.informedgreensolutions.org/

Handwashing to Prevent Illness at School (proper handwashing video)
https://www.doh.wa.gov/CommunityandEnvironment/Schools/EnvironmentalHealth/handwashing

Responsible Purchasing Network:
https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List_March%2026%2C%202020.pdf

Hazards of Using Bleach:
https://irp-cdn.multiscreensite.com/22c98fa0/files/uploaded/FactSheet-What-s-the-Problem-With-Bleach.pdf

Green Seal:
http://www.greenseal.org/

EcoLogo/UL:
https://www.ul.com/resources/ecologo-certification-program

Women's Voices for the Earth:
https://www.womensvoices.org/

Connect with us

1.California Work-Related Asthma Prevention Program (https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/WRAPP/Pages/WRAPP.aspx)
2.Bechtold K., Versatile and vexing:the many uses and hazards of peracetic acid, The Synergist, AIHA, December 12, 2016 (https://synergist.aiha.org/201612-peracetic-acid-uses-and-hazards)

University of Washington Department of Environmental & Occupational Health Sciences Continuing Education Programs

COVID-19 Resource Page: **bit.ly/DEOHSCOVID**

web osha.washington.edu
email ce@uw.edu
facebook facebook.com/uwdeohsce
twitter twitter.com/uwdeohsce
instagram instagram.com/uwdeohsce

ENVIRONMENTAL & OCCUPATIONAL HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

HAWAII CARE HOME COVID-19 TESTING DECISION MANAGEMENT GUIDE

NOTE: These are only recommendations and guidelines. Every facility has different characteristics. Please use your discretion, and feel free to adapt to your specific situation.

Screening Criteria for COVID-19 for Older Adults

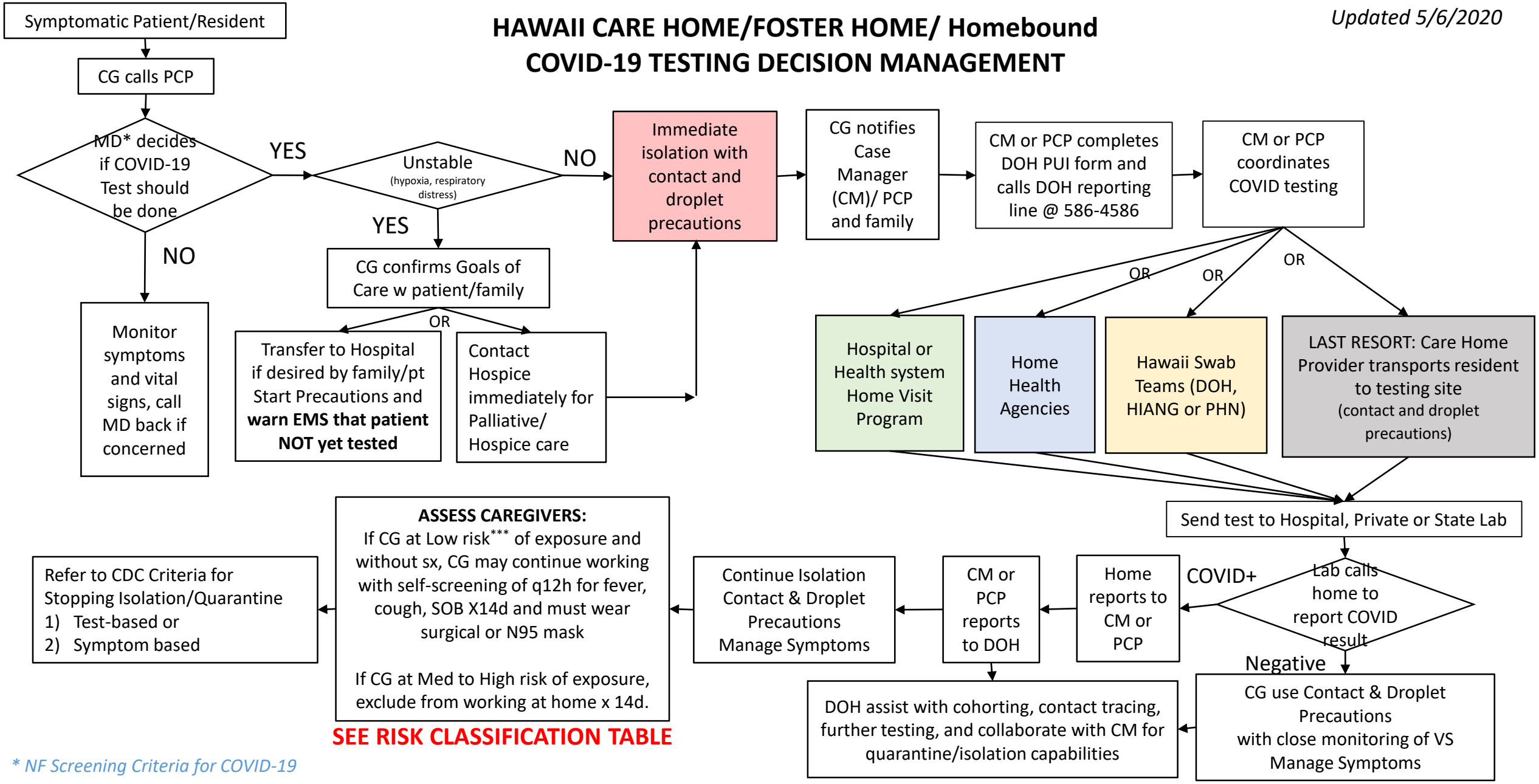
- Fever OR symptoms/signs of LOWER respiratory infection (e.g. new dry cough, dyspnea, or new/worsening hypoxia) OR change in clinical status with no immediate explanation for infection/sepsis (e.g. UTI, bacteremia, skin/soft tissue infection) should be investigated.
- Anyone with close contact within 14 days of a suspect or confirmed COVID-19 patient.
- CAVEATS:
  - Older adults may NOT have fever, cough, chest discomfort or sputum. They MAY present with Delirium, elevated RR, HR, or low BP.
  - The definition of fever in Older Adults*: temperature of > 100.0 F, or temperature > 99.0 F on two consecutive measurements, or temperature > 2.0 F above patient's baseline temperature)

Heather D'Adamo, Thomas Yoshikawa, Joseph G. Ouslander. Coronavirus Disease 2019 in Geriatrics and Long-term Care: The ABCDs of COVID-19; JAGS March 2020; doi: 10.1111/jgs.16445.

**Fever definition taken from IDSA Clinical Practice Guideline for the Evaluation of Fever and Infection in Older Adult Residents of Long-term Care Facilities (High et al, Clinical Infectious Diseases 2009) and Society for Healthcare Epidemiology of America surveillance definitions (Stone et al, Infection Control and Hospital Epidemiology 2012).*

HAWAII CARE HOME/FOSTER HOME/ Homebound COVID-19 TESTING DECISION MANAGEMENT

Updated 5/6/2020



** NF Screening Criteria for COVID-19*

*** CDC Infection Control and Prevention Practices: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html%20(accessed%20March%2019,%202020)*

**** CDC Exposure Risk Table: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html*

Isolation of Suspected or Confirmed COVID patients

Isolation	Contact Precautions	Droplet/Airborne Precautions
• Single Patient Room • Separate Bathroom/ Commode	• Long-sleeve gown • Gloves	• Mask patient (if tolerated) • Close Door, Provider with N95 mask and face shield

Testing Resources for Care Home/Foster/ Homebound

Health systems

- Queens COVID Hotline
  - Mia Taylor
  - 691-2619
- Queens Geriatric Home Care Program
  - Dr. Sarah Racsa- limited to patient panel
- HPH Home Visit Program
  - Dr. Winnie Suen: 532-3159
- Kaiser
  - Homebound patients

Home Care Agencies

- Care Resource
  - Oahu: Corrine Suzuka,
  - Maui: Sandy Quipotla, saquipotla@queens.org
  - Molokai: Noela Apuna, lapuna@queens.org
  - Hilo: Johnalyn Nosaka, jnoasaka@queens.org
  - Kona: pending
- Bayada
  - Maui: pending
  - Hilo: pending
- Ohana Home Care
  - Kauai: Paula, paula@ohanahomehealth.com

Testing Resources for Care Home/Foster/ Homebound

Swab Teams

- Hawaii Air National Guard Swab Team-
  - DOH: Caitlin Cook;
  - HiANG: Maj Kimberly Gushikuma
    - In the process of setting up for each of the islands
    - For LTC/Congregate settings, these teams may be used to test any PUI (person under investigation) where there is no other option for testing. So, the requestor should follow the normal PUI reporting process (call the disease reporting line at 586-4586, and fax the PUI form to 586-4595). And then they can tell the person on-duty who answers the disease reporting line that they need assistance with swabbing.
- Kauai:
  - Dr. Janet Berreman, Kauai District Health Officer, (808) 320-0016
  - Lisa Gelling, Epi Specialist, (808) 353-1277
  - Lauren Guest,PH Emergency Preparedness Planner, (808) 645-0407

Swab Teams

- Hawaii Public Health Nurses
  - Contact: Gloria Fernandez
  - Evaluation on Case-by-case basis
    - Test ordered by PCP
    - Work with PHN to coordinate obtaining test kit from lab (CLH or DLS)

Testing Resources for Care Home/Foster/ Homebound

Transport to ED or Testing Site

- Last Resort
  - Home Provider transports resident to testing site for COVID-19 swab
  - With contact and droplet precautions

CDC RISK CLASSIFICATION TABLE

"Exposure" begins **48 hours** before onset of symptoms

* NOTE: Risk Categories may be a moot point if # cases are high.

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was wearing a cloth face covering or facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a patient with COVID-19 (beginning 48 hours before symptom onset) who was not wearing a cloth face covering or facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[b]	Low	Self with delegated supervision	None

Table 1: Epidemiologic Risk Classification[1] for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease 2019 (COVID-19) or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

**** CDC Exposure Risk Table: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html*

Test-Based Criteria for those with Symptoms

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

Recovery PLUS 2 Negative tests

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html (updated 4/13/2020)

Symptom- Based Criteria (Non-Test) for those with Symptoms

- CDC Non-test-based strategy.
  - **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 10 days** have passed *since symptoms first appeared*

3 days after Recovery AND
at least 10 days since first symptoms

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html (updated 4/13/2020)

COVID-19 RECOMMENDATIONS

HAWAII DEPARTMENT OF HEALTH

WHAT TO DO IF YOU HAVE BEEN TESTED FOR COVID-19

To avoid the spread of illness to others, follow these guidelines until you receive your COVID-19 test results:

☐ **Stay home except to get medical care**
- Remain at home until you receive your COVID-19 results
- Even if your COVID-19 results are negative, you should remain at home until you have recovered

☐ **All household contacts should remain at home** until test results return
- If COVID-19 test results are NEGATIVE, household contacts to the person who was tested may leave home if they are symptom-free
- If COVID-19 test results are POSITIVE:
  - Household contacts must remain at home until 14 days **AFTER** the person with COVID-19 is released from isolation
  - Household contacts who develop symptoms of COVID-19 (fever, cough, shortness of breath) should call their usual healthcare provider and let them know they have been in contact with a person with COVID-19

☐ **Avoid using any kind of public transportation, ridesharing, or taxis**

☐ **Separate yourself from other people in your home**
- Stay in a specific "sick room" if possible
- Use a separate bathroom if available
- If you need to be around other people in or outside of the home, wear a facemask
- If possible, eat in your room (have someone leave your meal outside your door)
- Avoid sharing personal items with other people in your household (e.g., dishes, towels, bedding)
- Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions

☐ **Avoid direct contact with pets**, including petting, snuggling, being kissed or licked, sleeping in the same location, and sharing food.
- If possible, a household member should be designated to care for pets and should follow standard handwashing practices before and after interacting with the household animal

☐ **Get rest and stay hydrated**

☐ **Monitor your symptoms carefully.** If your symptoms get worse, call your usual healthcare provider immediately

☐ **For medical emergencies, call 911** and notify the dispatch personnel that you *may* have COVID-19

☐ **Cover your cough and sneezes**

☐ **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Last Reviewed May 4, 2020

COVID-19 RECOMMENDATIONS

HAWAII DEPARTMENT OF HEALTH

WHAT TO DO IF YOU TEST POSITIVE FOR COVID-19

To avoid the spread of illness to others, you should follow these guidelines.

☐ **Stay home except to get medical care**
- Remain at home until a Department of Health Officer tells you that you no longer need to be in isolation

☐ **Avoid using any kind of public transportation, ridesharing, or taxis**

☐ **Separate yourself from other people in your home**
- Stay in a specific "sick room" if possible
- Use a separate bathroom if available
- If you need to be around other people in or outside of the home, wear a facemask
- Avoid sharing personal items with other people in your household (e.g., dishes, towels, bedding)
- Clean all surfaces that are touched often (e.g., counters, doorknobs). Use household cleaning sprays or wipes according to the label instructions

☐ **Avoid direct contact with pets**, including petting, snuggling, being kissed or licked, sleeping in the same location, and sharing food.
- If possible, a household member should be designated to care for pets/service animals and should follow standard handwashing practices before and after interacting with the household animal

☐ **Make a list of everyone with whom you have had close contact while you were ill**
- Department of Health staff will be calling you for this information.

☐ **Get rest and stay hydrated**

☐ **Monitor your symptoms carefully.** If your symptoms get worse, call your usual healthcare provider immediately

☐ **Respond immediately when Department of Health staff calls daily to monitor you while you are in isolation**

☐ **For medical emergencies, call 911** and notify the dispatch personnel that you have COVID-19. Emergency warning signs for COVID-19 may include:
- Trouble breathing
- Persistent pain or pressure in the chest
- Newly developed confusion
- Difficulty arousing from sleep
- Bluish lips or face

☐ **Cover your cough and sneezes**

☐ **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Updated 4/9/2020

COVID-19 RECOMMENDATIONS

HAWAII DEPARTMENT OF HEALTH

CARING FOR SOMEONE WITH COVID-19 AT HOME

☐ **Limit contact**
- Have sick person keep to a separate bedroom and bathroom
- Caregiver should not be someone who is at higher risk for severe illness from COVID-19
- If you must share space, make sure the room has good air flow (e.g., open the window and turn on a fan to increase air circulation)
- Avoid having any unnecessary visitors

☐ **Watch for warning signs**
- Contact the person's healthcare provider if symptoms get worse
- Call 911 for medical emergencies (inform dispatch personnel that the person has COVID-19)
- Warning signs: trouble breathing, persistent pain or pressure in the chest, newly developed confusion, difficulty arousing from sleep, bluish lips or face

☐ **Prevent the spread of germs**
- **FOOD:**
  - Sick person should eat (or be fed) in their room or away from others
  - Wash dishes and utensils using gloves, soap and hot water or in a dishwasher
  - Clean hands after taking off gloves or handling used food service items
- **AVOID SHARING PERSONAL ITEMS** (e.g., dishes, silverware, towels, bedding, or electronics)
- **CLOTH FACE COVER OR GLOVES** (when to wear):
  - Sick person: Cloth face cover whenever around other people (either at home or when going for medical care)
  - Caregiver: Wear gloves when touching or having contact with blood, stool, or other body fluids. Throw gloves into a lined trash can. Always wash hands immediately after removing gloves and after contact with sick person.
    May wear a cloth face covering when caring for sick person, however, the protective effects are unknown.
    Clean hands often and avoid touching eyes, mouth, and nose with unwashed hands.
- **WASH HANDS** often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol
- **CLEAN AND DISINFECT** frequently touched surfaces and items every day (e.g., doorknobs, light switches, handles, toilets, faucets, electronics, etc.)
  - If sick person using separate bedroom and bathroom, only clean when needed, to limit contact with sick person.
- **LAUNDRY**: Wear disposable gloves. Use warmest water setting laundry will allow. Dry laundry on high heat if possible. Wash hands immediately after removing gloves.
- **TRASH:** If possible, dedicate a lined trash can for sick person. Use gloves when removing garbage bags and handling/disposing of trash. Wash hands afterward.

May 4, 2020

COVID-19 RECOMMENDATIONS

HAWAII DEPARTMENT OF HEALTH

WHAT TO DO IF A PERSON AT YOUR WORKSITE HAS COVID-19

If a person with COVID-19 is identified at your worksite, the Hawaii Department of Health (HDOH) will investigate to determine if the person was at work during their infectious period.

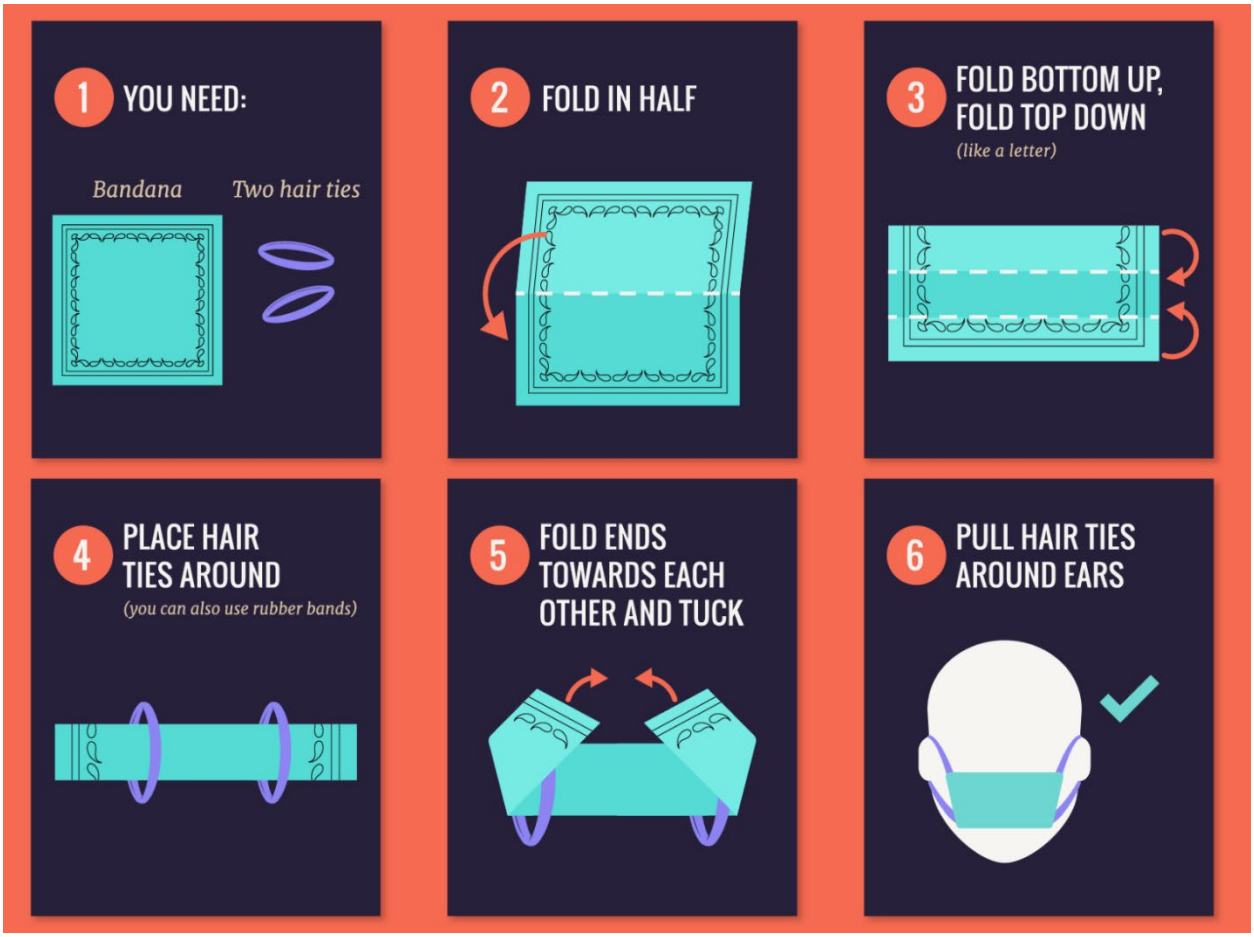
- If yes, HDOH will ask the individual and/or supervisor to develop a list of close contacts at the worksite during their infectious period.
- Supervisor should keep identity of individual confidential
- Close contacts at the worksite are defined as being:
    - Within 6 feet of a person with COVID-19 for 10 minutes or longer
    - In direct contact with secretions from a person with COVID-19 (e.g., being coughed on)
- HDOH will call close contacts to inform them of the exposure. Close contacts:
    - Must stay home and monitor their health for 14 days after last contact with the person with COVID-19
    - Should call their usual health care provider if they develop symptoms (e.g., fever, cough, shortness of breath) and inform them that they may have been exposed to a person with COVID-19
    - Respond immediately when HDOH staff contact them daily to monitor during quarantine, and notify HDOH if they develop symptoms

CLEANING AND DISINFECTION AFTER A PERSON WITH COVID-19 HAS BEEN IN THE WORKSITE

At any worksite that **DOES NOT HOUSE PEOPLE OVERNIGHT**:

- Close off areas visited by the ill person.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or a long as practical before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas such as office, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards, remote controls) used by the ill person, focusing especially on frequently touched surfaces.
    - Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash
    - If gowns are not available, coveralls, aprons, or work uniforms can be worn during cleaning and disinfecting. Washable clothing should be laundered afterwards.
    - Clean hands after removing gloves, handling dirty laundry.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.
- For more information, visit: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning

No Sew Face Mask



Source: https://dribbble.com/shots/10983366-No-sew-face-mask-instructions