

Healthcare Considerations & Recommendations

COVID-19

The coronavirus, the virus that causes COVID-19, is considered an airborne infectious disease and control measures such as the use of airborne infection isolation and respiratory protection are required.

Airborne Infection Isolation

Controls that may be used to reduce risks of airborne infection and maximize the availability of respirators include:

Engineering Controls:

- Isolate known or suspected COVID-19 cases in isolated rooms or areas where feasible, so that only employees who enter these areas need respiratory protection.
- Use barriers, such as windows, diluting or removing contaminated air, etc., to mitigate worker exposure to airborne contaminants, where possible.
- Conduct high-hazard procedures in isolated rooms or areas and exclude all non-necessary persons from the area.
- Limit the movement of suspected and confirmed COVID-19 cases within a facility. When any of these patients are transported within a facility or between facilities, a surgical mask should be used to cover their mouth and nose. Employees must use respirators if the patient is unable to utilize a facemask, is not fully compliant with mask use, or if care provided during transport exposes employees to aerosols from the patient.

Administrative Controls:

- Prevent workers who do not provide direct patient care from entering isolated rooms or areas with a suspected or confirmed COVID-19 case or where high-hazard procedures are performed.
- Prevent workers from entering a vacated isolated rooms or areas until after it has been ventilated according to Table 1 in the [Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings](#) for a removal efficiency of 99.9%.
- Screen and postpone visits from patients for elective appointments or procedures who have non-urgent and non-serious acute respiratory illness until after the cessation of acute respiratory symptoms when possible.
- Bundle or combine care activities to minimize room entries (e.g., food trays delivered by health care workers performing other care).
- Use alternative methods for communication with patients such as telephones and video calls when possible.
- Prevent direct visitor contact with suspected or confirmed COVID-19 cases.

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Standard Precautions

Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted. Standard Precautions that apply to patients with respiratory infections, including COVID-19 include:

Before Arrival

Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit. Consider establishing a triage station outside the facility, to prevent infected persons from entering.

Hand Hygiene

Before and after all patient and potentially infectious material contact, use ABHR with 60%-95% alcohol or wash hands for at least 20 seconds.

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Personal Protective Equipment (PPE)

The following PPE is recommended by the CDC when caring for a patient or when coming in "close contact" with an infected patient. The CDC defines "close contact" as being about six (6) feet from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions.

- Respirator or Facemask. NIOSH approved respirators with filters that remove at least 95% of airborne particles (N95) or more. If reusable respirators (e.g., powered air-purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Follow your respiratory protection plan when using reusable respirators.
- Eye Protection. Goggles or disposable face shield that covers the front and sides of the face. Any reusable eye protection must be properly disinfected.
- Gloves. Clean, non-sterile gloves should be worn and changed if they become torn or heavily contaminated. Discard after leaving the patient room or care area.

- Gowns. Clean isolation gowns should be used. If gowns become scarce, they should be prioritized for aerosol-generating procedures or activities that may produce spray or splash.

Other Jobs To Consider

In addition to doctors and nurses, there are other jobs that require employees to have close contact.

Paramedics, First Responders, and Drivers

Follow the CDC guidance for all first responders who anticipate close contact with persons with possible or confirmed COVID-19 in the course of their work.

Identifying Patients Under Investigation (PUI's) – Consider the signs, symptoms and risk factors of COVID-19 (EMS clinicians should consider the signs, symptoms, and [risk factors of COVID-19](#)).

Food Service

In February 2019, the US Food and Drug Administration (FDA) issued a Fact Statement informing the public that "FDA is not aware of any reports at this time of human illnesses that suggest COVID-19

can be transmitted by food or food packaging. However, it is always important to follow good hygiene practices:

- Wash hands frequently
- Clean surfaces often
- Separate raw meat from other foods
- Cook to the right temperature
- Refrigerate foods promptly during when handling or preparing foods

Housekeeping

When someone touches a surface or object contaminated with the virus that causes COVID-19, and then touches their own eyes, nose, or mouth, they may expose themselves to the virus. Wear the appropriate PPE, as determined for close contact, if cleaning surfaces, changing linens or removing soiled objects from a room that has been occupied by a patient with COVID-19.

Administration

Evaluate administrative tasks, such as directing patients, to mitigate "close contact". If close contact is required, follow standard precautions.

Please contact the Loss Control team at: losscontrol@bhhc.com for any further questions.