

SUMMARY OF CDC GUIDELINES FOR HEALTH CARE PERSONNEL

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CDC Definition

Health Care Personnel (HCP):

Health Care Personnel refers to all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. Health Care Personnel include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

In short, *everyone.*



Screen and Triage Everyone Entering a Health Care Facility for Signs and Symptoms of COVID-19

Screen everyone, (Health Care Personnel, Patients, Visitors,) entering the health care facility for symptoms consistent with COVID-19 or exposure to others with SARS-CoV-2 infection and ensure they are practicing source control.

If Health Care Personnel have signs and symptoms they should return home and should notify occupational health services to arrange for further evaluation.



Implement Universal Use of Personal Protective Equipment

Health Care Personnel should wear a facemask at all times while they are in the health care facility, including in breakrooms or other spaces where they might encounter co-workers.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks.

Respirator: Respirators are also PPE and cover at least the nose and mouth, and used to reduce the wearer's risk of inhaling hazardous airborne particles.

Certified by the CDC/NIOSH, including those intended for use in health care.

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Implement Universal Use of Personal Protective Equipment, cont.

Cloth face covering: Textile (cloth) covers that are intended for source control.

They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.

Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed.

Hierarchy of Controls

Most effective



Least effective



Source: NIOSH

Health Care Personnel should consider continuing to wear the same respirator or facemask (extended use) *throughout their entire work shift, instead of intermittently switching back to their cloth face covering.*

Health Care Personnel should remove their respirator or facemask, perform hand hygiene, and put on their cloth face covering when leaving the facility at the end of their shift.

Educate patients, visitors, and Health Care Personnel about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.



Areas of *no to minimal* community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

Areas of *minimal to moderate* community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

Areas of *substantial* community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces.)

Universal use of a facemask for source control is recommended for Health Care Personnel

Health Care Personnel working in facilities located in areas with *moderate to substantial community transmission* should *also*:

- *Wear eye protection in addition to their facemask* during patient care encounters.



Encourage Physical Distancing

When possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent transmission.

For Health Care Personnel, the potential for exposure is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas.

Examples of how physical distancing can be implemented for Health Care Personnel include:

- Reminding Health Care Personnel that the potential for exposure *is not limited to direct patient care interactions.*
- Emphasizing the importance of source control and physical distancing in non-patient care areas.
- Providing meeting areas where *all individuals can remain at least 6 feet apart from each other.*
- Designating areas for Health Care Personnel to take breaks, eat and drink that allow them to remain at least 6 feet apart from each other, *especially when they must be unmasked.*

OSHA Citation Guidance: OSHA will, on a case-by-case basis, exercise enforcement discretion when considering issuing citations in cases where:

- The employer has made a *good faith effort* to obtain other alternative filtering facepiece respirators, reusable elastomeric respirators, or PAPRs appropriate to protect workers;
- The employer has monitored their supply of N95s and prioritized their use according to CDC guidance

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OSHA Citation Guidance, cont.

- Surgical masks and eye protection (e.g., face shields, goggles) were provided as an interim measure to protect against splashes and large droplets

and
- Other feasible measures, such as using partitions, restricting access, cohorting patients or using other engineering controls, work practices, or administrative controls that reduce the need for respiratory protection, were implemented to protect employees.

QUESTIONS

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