Collection of Environmental Infection Control Resources and Protocols to Provide Guidance to Organizations

COVID-On-The-GO Environmental Infection Control Toolkit

September 16, 2020/ V1.0

COMMUNITY HEALTH NETWORK
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Disclaimer

This Infection Control Toolkit is intended for organizations that have used CHN’s COVID-ON-THE-GO Testing. It is not intended to be shared outside of your organization. Additional information and links to CDC, State and Local resources can be found on the COVID-19 Organization Resources page. Please note that this toolkit should be used with the guidance of CHN’s Chief Medical Officer.

CHN is committed to supporting the well-being of the people we serve, and your organization’s success helps lift us all. We need our community to be as healthy as possible, especially in this trying time.

We have provided your organization with this toolkit to help with developing environmental infection control procedures related to COVID-19. Questions regarding this information or any other inquiries can be directed to Elizabeth Garcia @Liz Garcia or Ezreal Garcia @Ezreal Garcia. Our Chief Medical Officer will perform a follow-up call with you and your organization’s leadership to provide any additional guidance if needed.

Thank you for entrusting us with your organization’s health needs. We are here to serve you.
Introduction

As facilities begin to relax restrictions on healthcare services provided to patients (e.g., restarting elective procedures), in accordance with guidance from CDC, local and state officials, there are precautions that should remain in place as a part of the ongoing response to the COVID-19 pandemic.

COVID-19 continues to be an issue in the Greater Houston area: it is hitting our community, home, family, and place of employment. Community Health Network (CHN) is dedicated to keeping staff up to date with the latest information surrounding infection control. The safety of staff and patients are paramount.

This is an interim guidance was developed to provide Organizations with examples and help to determine best environmental infection control procedures. Much of the source material for these protocols, polices, and guidelines are adapted from CDC and OSHA to meet the infection control needs of COVID-On-The-Go organization participants.

The goal of this toolkit is to prevent and slow the spread of COVID-19 within the workplace.

Simply click on the table of context above to view the protocol/ policy/ guidelines that you would like to review. As CHN updates policies and protocols, this toolkit will update as well.
Communication During COVID-19

It is important for organizations to communicate between departments, staff, and senior leadership to effectively control the spread of COVID-19. Listed below are some suggested various methods of communicating COVID-19 Environmental Infection Control information throughout your organization.

Emergency Response Team (ERT) Huddles
Suggested to meet daily before the start of the day to discuss latest COVID-19 related information, issues, and concerns. This meeting does not need to include all staff. Executive, Managers, Supervisors, HR, Operations, Quality, Marketing and HR are some examples of team members that your organization can select to attend the huddle.

Important Communication Email
Consider daily emails to keep staff up to date on COVID-19. This email can summarize critical updates that are discussed and agreed upon in the organization’s ERT Huddle.

Walkthroughs (AM/PM)
Frequent walkthroughs of your facility is another way of assuring that all areas are clean and that there are no hazards or risks that may lead to exposure and/or injury. This is also the time for the facilities to determine if anything is unclean, broken or damaged that should be reported to housekeeping, management, or operations.

An example of walkthrough form can be found on the COVID-19 Organization Resources Page.

Managers, Supervisors, Leads
It is important that managers, supervisors, and leads distribute communication to staff in a timely manner. Items that are discussed in ERT Huddle and meetings across your organization should be shared to staff when appropriate. Additionally, any staff that need additional guidance should be able to contact their manager, supervisor and/or site lead when needed.

Human Resources (HR)
HR should be available to all staff concerning any issues that staff are uncomfortable with speaking to their manager/supervisor. HR should also be a resource for connecting with a counselor if needed to discuss issues and traumatic issues that staff may be going through at this time. Lastly, HR can be contacted for policy and procedures surrounding work-from-home and COVID-19 related leave.

If your organization does not have Behavioral Health resources CHN may be able to help. Please reach out to your CHN contact to learn more about BH services offered at CHN.

Housekeeping Communication Log
It is important that the organization keeps log of cleaning by housekeeping. It is suggested that housekeeping at each site log in their cleanings and what tasks were completed. The next day the manager/lead can review, document, and addresses discrepancies noticed during their next Walkthrough (mentioned above). Your organization may need to reevaluate housekeeping procedures to ensure proper cleaning materials and frequencies are being completed. Please search this toolkit for additional guidance in the Housekeeping section.
Standard Precautions

Standard Precautions represent the minimum infection prevention measures that apply to all regardless of suspected or confirmed infection status of the employee, in any setting where healthcare is delivered. These evidence-based practices are designed to both protect healthcare personnel and prevent the spread of infections among patients. Standard Precautions replaces earlier guidance relating to Universal Precautions and Body Substance Isolation.

Standard Precautions include:

1) Hand Hygiene
2) Use of Personal Protective Equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure
3) Respiratory Hygiene and Cough Etiquette
4) Safe Injection Practices
5) Safe handling of potentially contaminated equipment or surfaces in the patient environment.

Transmission-Based Precautions:

The three categories of Transmission-Based Precautions include:

1.) Contact Precautions
2.) Droplet Precautions
3.) Airborne Precautions

For diseases that have multiple routes of transmission, such as COIVD-19, a combination of Transmission-Based Precautions may be used. Whether used singly or in combination, they are always used in addition to Standard Precautions.
Hand Hygiene

General Hand Hygiene Guidelines

- Cleaning Hands:
  - Wash hands with soap and water for at least 20 Seconds
  - Use Alcohol-Based Hand Sanitizer (ABHS) with 60-95% alcohol
  - If hands are visibly soiled, use soap and water before returning to ABHS.

- Make sure to wash hands after the following:
  - Immediately before and after any contact with your facemask or cloth face covering
  - 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).

Staff responsible for decontamination of workspace after suspected COVID-19 Exposure

- Staff should perform hand hygiene during the following scenarios:
  - Before and after all contact with potentially contaminated areas.
  - Contact with potentially infectious material.
  - Before putting on and after removing PPE, including gloves.
    - Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

Staff After Routine Sanitizing/Decontamination

- Wash hands immediately after doing hourly cleanings as described above.
How to Wash Your Hands

1. Wet Hands
2. Apply Soap
3. Rub Hands Palm to Palm
4. Lather the Backs of Your Hands
5. Scrub Between Your Fingers
6. Rub the Backs of Fingers on the Opposing Palms
7. Clean Thumbs
8. Wash Fingernails and Fingertips
9. Rinse Hands
10. Dry with a Single Use Towel
11. Use the Towel to Turn Off the Faucet
12. Your Hands are Clean
STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

cdc.gov/COVID19
Respiratory Hygiene and Cough Etiquette

Instruct all persons with signs and symptoms of a respiratory infection (including staff) to:

1.) When possible use mask when coughing in public.
   a. Alternatively, if home: Cover the mouth and nose with a tissue when coughing or sneezing
2.) Dispose of the used tissue in the nearest trashcan
3.) Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.
Personal Protective Equipment

Personal Protection Equipment Definition (OSHA)
OSHA issues workplace health and safety regulations. OSHA also specifies circumstances for which PPE is indicated and the CDC recommends when, what and how to use PPE. CHN follows OSHA regulations and CDC recommendations on PPE Usage.

OSHA defines PPE as, *specialized clothing or equipment worn by an employee for protection against infectious materials.*

PPE should be used when decontaminating areas suspected of COVID-19 exposure.

Regarding PPE, employers should:

- Provide appropriate PPE for employees
- Ensure that PPE is disposed (or reusable PPE is cleaned, laundered, repaired, and stored after use)

Types of PPE Used Setting

- **Gloves:** Protect Hands
- **Gowns/Aprons:** Protect Skin and/or Clothing
- **Masks and Respirators:** Protect Mouth/Nose
  - Respirators: Protect Respiratory Tract from Airborne Infectious Agents
- **Goggles:** Protect Eyes
- **Face Shields:** Protect Face, Mouth, Nose, and Eyes

How to: Donning and Doffing Video
Please review this video for a demonstration on Donning & Doffing [https://www.youtube.com/watch?v=oxdaSeq4EVU](https://www.youtube.com/watch?v=oxdaSeq4EVU)
Sequence for Donning and Removing PPE

**Sequence for Donning PPE**
- Gown first
- Mask or respirator
- Goggles or face shield
- Gloves

*Combination of PPE will affect sequence – be practical

**Sequence for Removing PPE**
- Gloves
- Face shield or goggles
- Gown
- Mask or respirator

How to Don and Remove Gown

**How to Don a Gown**
- Select appropriate type and size
- Opening is in the back
- Secure at neck and waist
- If gown is too small, use two gowns
  - Gown #1 ties in front
  - Gown #2 ties in back

**Removing Isolation Gown**
- Unfasten ties
- Peel gown away from neck and shoulder
- Turn contaminated outside toward the inside
- Fold or roll into a bundle
- Discard

How to Don (put on) and Remove a Mask

**How to Don a Mask**
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or elastic
- Adjust to fit

**Removing a Mask**
- Untie the bottom, then top, tie
- Remove from face
- Discard
How to Don (put on) and Remove Gloves

How to Don Gloves
- Don gloves last
- Select correct type and size
- Insert hands into gloves
- Extend gloves over isolation gown cuffs

How to Remove Gloves (1)
- Grasp outside edge near wrist
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand

How to Remove Gloves (2)
- Slide ungloved finger under the wrist of the remaining glove
- Peel off from inside, creating a bag for both gloves
- Discard

Above are slides for proper sequence for putting on and taking off gloves and masks ONLY. For the complete CDC Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings slide presentation please go to the COVID-19 Organization Resource Page.
COVID-19 Testing and PPE used by CHN Healthcare Personnel

CHN Clinical staff testing for COVID-19 at your organization should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.

When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella).
PPE: Donning and Doffing

Donning (putting on the gear):
More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scratches pocket between patients.
   - **Respirator**: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask**: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the cuff (wrist) of gown.
7. HCP may now enter patient room.

Doffing (taking off the gear):
More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. HCP may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
   - **Respirator**: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask**: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus
CHN recommends that all organizations adhere to a cleaning schedule and constantly monitor housekeeping activities.

**Housekeeping Schedule Example**

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADOUE</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>HOUSE</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>CALLAWAY</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>PEARLAND</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>FREEPORT</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
</tr>
<tr>
<td>LEAGUE CITY</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>BACLIFF</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>BCDC</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
<td>IN HOUSE</td>
</tr>
<tr>
<td>SCARSDALE MEDICAL</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>SCARSDALE MANAGER/ADM</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
<tr>
<td>ANGLETON</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td>STRATUS</td>
<td></td>
</tr>
</tbody>
</table>

**Housekeeping Communication Hierarchy**

Regularly scheduled cleanings should be documented through some type of communication log. This is the first level of communication between the manager and the Housekeeping crew. CHN suggests, organizations to create a communication hierarchy and share with staff so they know who can be reached if they believe that their facility is not being cleaned.

**Communication Hierarchy**

(Example)

1st communication – Manager to Communications Log and Vice Versa

2nd communication – Manager to Housekeeping Supervisor, if performance is not cured in the first line of communications

3rd communication – Manager to Site Manager

4th communication – Site Manager to Regional Manager

**Housekeeping List-N EPA Approved Materials Used for COVID-19**

It is important that housekeeping staff use List-N approved cleaning supplies to disinfect against COVID-19. Please go here: [https://cfpub.epa.gov/giwiz/disinfectants/index.cfm](https://cfpub.epa.gov/giwiz/disinfectants/index.cfm) to look-up cleaning supplies that are approved disinfectants.

**Example of Responsibilities of Housekeeping Staff**

All cleaning staff should be responsible for the following areas:

- Hallways
- Offices
- Restrooms
- All medical areas
- Waiting rooms/reception
- Any other common area
Housekeeping Checklist Example

It is important that facilities are cleaned with the appropriate frequency as contractually agreed upon. Below is an example checklist describing what is cleaned in each area and the frequency of those cleanings. If staff notices that not all these items are being done with the frequency mentioned below, they should proceed with the communication hierarchy as discussed above.

- General Cleaning Checklist

<table>
<thead>
<tr>
<th>General Cleaning</th>
<th>Every Clean</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dust horizontal surfaces - desk, credenza, counter and file cabinet tops</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spot clean horizontal surfaces for removal of spots and spillage</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Entrance doors and internal glass partitions cleaned of fingerprints and smudges</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Clean and sanitize drinking fountains if applicable</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Clean all exam rooms</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wipe down all telephone receivers and dust phone bases</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Clean light switches, light switch plate covers and door handles</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Walls cleaned of fingerprints and smudges</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Polish all drinking fountains if applicable</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Empty Trash Receptacles</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>High dusting – air vents, tops of doors, door frames, ceiling corners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low dusting – front and sides of desks, legs of chairs, tables and chair bases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture – vacuum fabric and wipe down other surfaces to remove dust and lint</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Floor Care Checklist

**Floor Care**

_Carpets, Wood, Ceramic, Vinyl, Concrete_

<table>
<thead>
<tr>
<th></th>
<th>Every Clean</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacuum, sweep or dust mop all hard surface floors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacuum all carpeted traffic areas</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoroughly mop all hard surface floors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove spots and small spills from carpet</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Wall to wall vacuuming of carpeted areas</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Detail vacuum carpet edges and corners along walls and partitions</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dust all baseboards</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

### Restroom Cleaning Checklist

**Restroom Cleaning**

<table>
<thead>
<tr>
<th></th>
<th>Every Clean</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean countertops, washbasins, toilets, toilet seats and urinals</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipe down all dispensers, fixtures and mirrors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty trash receptacles</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty sanitary napkin receptacle and disinfect</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spot clean partitions and tile walls</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restock hand soap, paper products, and soap from customer stock</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipe partition handles, door handles and light switches</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean outsides of dispensers and trash receptacles</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polish all dispensers, fixtures and mirrors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replenish all soap and lotion dispensers</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweep and thoroughly mop the floor with germicidal solution</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High dust - tops of partitions, air vents, mirror frames and tops of doors</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean restroom partitions and walls around toilets and urinals</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Break Areas

**Kitchens, Cafeterias, Lunchrooms, Coffee Areas**

<table>
<thead>
<tr>
<th>Task</th>
<th>Every Clean</th>
<th>Weekly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counters and tabletops cleaned</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fronts of counters and chairs cleaned</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sinks cleaned</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outside of refrigerator and microwave</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wiped down</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inside of microwave cleaned</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trash removed</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coffee machines turned off</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sink thoroughly scoured using a liquid</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanser</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table bases and chair legs cleaned</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Examples of Commonly Used Cleaning/Disinfectant Products and Recommended Use

<table>
<thead>
<tr>
<th></th>
<th>Caviwipes</th>
<th>Sani-Cloth</th>
<th>Lysol Disinfectant Spray</th>
<th>Bleach Solution 10%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Time Needed for Disinfection</strong></td>
<td>3 minutes</td>
<td>3 minutes</td>
<td>2 minutes</td>
<td>5 minutes</td>
</tr>
<tr>
<td><strong>Recommended Use</strong></td>
<td>Counter/Desktops, Toilet Bowl</td>
<td>Counter/Desktops, Toilet Bowl</td>
<td>Knobs and Door Handles, Faucet Handle, Toilet Handle, Lobby Chairs</td>
<td></td>
</tr>
<tr>
<td><strong>Precautions Required</strong></td>
<td>Gloves and Normal Ventilation</td>
<td>Gloves and Normal Ventilation</td>
<td>Good Ventilation</td>
<td>Gloves and Good Ventilation</td>
</tr>
<tr>
<td><strong>Cleans</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Disinfects</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Hard Nonporous Surface</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Food Contact Surface (Must Rinse After Use)</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: [https://cfpub.epa.gov/giwiz/disinfectants/index.cfm](https://cfpub.epa.gov/giwiz/disinfectants/index.cfm)

### Pictures of Current List-N Approved Disinfectants In-Stock (Example only)

![Sani-Cloths Plus](image1.png) ![CaviWipes Bleach](image2.png) ![CaviWipes Disinfecting Wipes](image3.png) ![Clorox Disinfecting Wipes](image4.png)
When Cleaning

- **Wear gloves while cleaning ALWAYS.**
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
  - Dirty surfaces can be cleaned with soap and water prior to disinfection.
- **Wash your hands often** with soap and water for 20 seconds.
  - **Always wash immediately after removing gloves** and after contact with a person who is sick.
  - **Hand sanitizer:** 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.
- **Always read and follow the directions on the label** to ensure safe and effective use.
Suggested Sanitation Log Usage

**Purpose:** To track hourly cleaning efforts of facilities.

**Responsible Parties:**

- **Staff** are responsible for cleaning at their respective location.
- **Managers** are responsible for maintaining logs.
- **Supervisors** are responsible for ultimate adherence of log and reviewing reports provided by risk management. Additionally, the Supervisors are responsible for confirming manager and back-up staff are identified. Supervisors will follow progressive disciplinary action for consistent non-compliance with uploading logs.
- **Risk Management** responsible for auditing logs and reporting non-compliance to upper management.
- **Operations** is responsible for working with risk management, managers, and supervisors to ensure proper training and implementation of disinfectant schedule and sanitation log usage.

Please check the COVID-19 Organization Resources Page for an Example of a Sanitation Log
Suggested Protocol to Clean and Disinfect After Positive COVID-19

**Purpose:** To clean and disinfect contaminated areas after an employee has tested positive for COVID-10

**Responsible Parties:**
- **Supervisors** are responsible for identifying and overseeing below protocol is performed and submitting the COVID-19 Post-Exposure Decontamination Checklist to appropriate staff. Responsible for updating Communication Log to alert housekeeping crew of COVID exposure and areas that need special attention.
- **Managers** are responsible for alerting Site Leads when protocol needs to be activated and for following up with managers to confirm protocol has been completed in a timely manner.
- **Housekeeping** responsible for notifying housekeeping staff of COVID contamination and ensuring proper cleaning and disinfecting (in accordance with CDC/OSHA guidelines) and follow-up to areas that may be still contaminated.
- **Operations** is responsible for working with supervisors and managers to ensure proper training and implementation of cleanings are being performed and that the Post-Exposure COVID Decontamination Checklist is completed after cleaning.

**Protocol:**
- Upon being notified of Staff COVID status, **immediately close off areas** used by the person who is sick and temporarily relocate staff.
  - No need to close operations completely. Only close off affected areas.
  - Document date and which areas were closed on the COVID-19 Post-Exposure Decontamination Checklist
- **Open outside doors and windows** to increase air circulation in the area if possible.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like computers, touch screens, keyboards, and remote controls
  - Clean dirty surfaces with soap and water before disinfecting them.
  - MA staff responsible for cleaning area should wear full PPE gear (gloves, gown, shoe protection, face shield, mask etc.) when cleaning and disinfecting the area.
  - Document date of cleaning and disinfectant on the COVID-19 Post-Exposure Decontamination Checklist
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particular air (HEPA) filter, if available.
  - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
  - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been **appropriately disinfected**, it can be **opened for use**.
  - The COVID-19 Post-Exposure Decontamination Checklist will be completed and turned in to Operations, by the Supervisor/Manager.
  - Workers without close contact with the person who is sick can return to work immediately after disinfection.
- **If more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection as mentioned in the sections above. This includes everyday practices and maintaining a Sanitation Log and proper after-hours cleaning of the facility by housekeeping.
- **Supervisors** should document cleaning and disinfecting in the Communication Log to share with housekeeping any additional cleaning/sanitation follow-up required.
Suggested Mandatory Masks Policy

Source control refers to use of cloth face covering or facemasks to cover a person’s mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are required for everyone. Even if they do not have symptoms of COVID-19.

- Visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they will be offered a facemask by the organizations
  - Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Staff must ALWAYS wear a facemask while they are inside the facility, including in breakrooms or other spaces where they might encounter co-workers.
  - When available, facemasks are preferred over cloth face coverings for staff. Facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
    - Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed (example: decontaminating COVID-19 exposed areas).
    - To reduce the number of times a staff member must touch their face and potential risk for self-contamination, staff should consider continuing to wear the same respirator or facemask throughout their entire work shift, instead of intermittently switching back to their cloth face covering.
      - Respirators with an exhalation valve are not recommended for source control, as they allow unfiltered exhaled breath to escape.
- It is the responsibility of the organization to educate staff, visitors, and other coworkers about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering.
- If you see a colleague that is not wearing a mask, please remind them of their responsibility to wear it for the safety of others.
- If staff is found continuously not obeying to the mandatory mask policy, a supervisor may follow progressive disciplinary action.
- This policy should be strictly enforced.
COVID Pandemic: Suggested Sick Employee and Return to Work Policy (COVID)

- Actively sick employees are encouraged to stay at home.
- Staff who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other staff and visitors and sent home.
- Staff who have symptoms should notify their manager and HR to get tested for COVID-19 as soon as possible.
- **While waiting for results staff should stay home.** Work areas of any staff with a possible COVID infection should be cleaned and disinfected in accordance with the Protocol to Clean and Disinfect After Positive COVID. Employees should keep record symptoms using the COVID Symptom Log.
  - **Negative Result:** Staff member will notify manager/supervisor and HR of negative results and give copy to HR. Staff may return to work in-office after receiving test results.
  - **Positive Result Symptomatic:**
    - Please refer to CHN Chief Clinical Officer for further instruction on how to handle positive employees.
  - **Positive Asymptomatic:**
    - Please refer to CHN Chief Clinical Officer for further instruction on how to handle positive employees.
    - If applicable, employee may work from home during the 10-day quarantine.
  - **A Second COVID is not Necessary to Return Back to work at CHN.** CHN follows the CDC Non-Test Based Strategies for Healthcare Personnel to Return to Work.

Other COVID Status Considerations

Potential Staff Exposure

- Informing Coworkers coworkers of possible exposure: Organizations should inform staff of possible possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA) and HIPAA.
- Staff should be informed of their risk and any additional precautions/ actions that are needed.
Employees that are well but have sick family member at home

- Employees who are well and/or tested negative for COVID, but who have a sick family member at home with COVID-19 should notify their supervisor and quarantine away from their sick family member.

**Suggested Physical Distancing Policy and Standard Precautions During COVID**

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

Examples of how physical distancing can be implemented for patients include:

- Limiting visitors to those that are essential
- Encourage use of virtual communication and meetings
- Scheduling appointments to limit the number of patients in waiting rooms.
- Arranging seating in common, waiting and reception areas so visitors can sit/stand at least 6 feet apart.

**Physical Distancing of Staff**

Potential exposure is not limited direct contact. 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.

*As a result, the following protocol should be in place until further notice:*

- **All meetings should be held virtually when possible.**
- **When using breakrooms and kitchen areas staff must remain at least 6 feet apart from each other,** especially when unmasked. This includes breaks, eating, and drinking.

**Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis)**
Staff should remember that they can encounter people that are asymptomatic or pre-symptomatic.

**Suggested Organization Walkthrough**

**Purpose:** To provide guidance on how to complete the Walkthrough Form.

**Responsible Parties:**

- **Supervisors/Managers** is responsible for completing walkthroughs in the morning and afternoon before each session. Also responsible for identifying and notifying back-up to complete walkthroughs; following up on any issues that are discovered and documented during the walkthrough; and uploading the Walkthrough Form at the end of the day.
• **Risk Management** is responsible for updating Walkthrough Forms. Risk Management is also responsible for notifying the Supervisor/Manger of any changes made to the form; auditing walkthrough uploads for compliance purposes; and reporting out to Supervisors/Managers regularly. Will also help assist with training as needed.

• **Supervisors** are responsible for enforcing walkthrough compliance at each site. Supervisors are also responsible for reviewing report provided by Risk Management and addressing any compliance issues; confirming and notifying Site Leads and back-up staff of uploading responsibilities at each site. **Supervisors may follow progressive disciplinary action if consistent non-compliance is observed.**

• **Operations** is responsible for working with the Risk Management, Supervisors and Managers to ensure proper training and implementation of walkthroughs.

Links to Resources Used to Develop Toolkit

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020

Clinical Questions about COVID-19: Questions and Answers

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)

Summary of Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report
https://www.ncbi.nlm.nih.gov/books/NBK32748/

Respiratory Hygiene/Cough Etiquette in Healthcare Settings
https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

When and How to Wash Your Hands
https://www.cdc.gov/handwashing/when-how-handwashing.html

General Decontamination Fact Sheet

Cleaning and Disinfecting Your Facility

Housekeeping (OSHA)

List-n-Tool: COVID 19-Disinfectants
https://cfpub.epa.gov/giwiz/disinfectants/index.cfm

List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19
Use PPE When Caring for Patients Confirmed or Suspected COVID-19

Guidance on Preparing Workplaces for COVID-19