

AN INFECTION CONTROL MODULE

Battling COVID-19

This course provides an overview of everything caregivers need to know to keep themselves and their clients safe as we enter the third year of the COVID-19 pandemic. It covers the symptoms, treatment, PPE, and other infection control measures everyone can use. Additionally, caregivers will get information on COVID long-haulers, and the COVID-19 vaccines and variants.



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Audience: Home Health Aide; Hospice Aide; Nurse Assistant – CNA, Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used:

Lecture Group Discussion Other (Specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

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Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, team building activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

Course Objectives

- ☑ Explain where COVID-19 came from and trace its spread across the United States.
- ☑ List the signs and symptoms of COVID-19.
- ☑ Describe the infection control precautions that should be followed to prevent the spread of COVID-19.
- ☑ State three important reasons to get the COVID-19 vaccine.

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Course Outline

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Why are we still Battling COVID?

We get home from a long day at work and remove our face masks, slump down in our armchairs, and wonder if we can remember what life was like before today. COVID-19 has brought on a weariness that we never expected to know in this modern age. We have been fighting this extremely contagious illness since 2020.

When will it end?

No one can say for sure when things will get completely back to normal, and many believe COVID-19 is here to stay, much like the flu. We have access to updated vaccines and boosters now, which have allowed many states across the country to relax their mask and social distancing guidelines. This nod to life before COVID-19 is a welcome break for many across the nation.

We still have a long way to go.

The fact remains that COVID-19 is still here, it is still extremely contagious, and in some cases even deadly. Any decrease in booster and vaccination rates are a threat to our continued success in fighting this deadly virus, and vaccines are being updated frequently. ***In 2022, according to the Centers for Disease Control (CDC), over 2,500 deaths from COVID-19 are occurring each week in the United States.***

We all have to do our part.

The advent of increasingly contagious COVID-19 variants like Delta and Omicron highlights why we all must continue to do our part to slow the spread of the virus no matter how long it takes. Scientists believe it is becoming apparent that these new variants primarily depend on an unvaccinated human host to mutate and spread. Wear a mask, wash your hands, stay socially distant, and get the updated vaccines and boosters when it's your turn to do so.

IS COVID-19 THE NEW FLU?

The symptoms of COVID-19 can feel a lot like the flu. But, it is caused by a different and much more deadly virus. COVID-19 kills people at a rate 16:1 when compared to the flu.

PLEASE NOTE: The guidance in this course is based upon information that is subject to change as we learn more about the virus. We will continue to update the course until COVID-19 is no longer a threat.

The Virus So Far

DEC 2019

A cluster of cases of a mystery illness prompted the closure of a popular market and eventual lockdown of the entire city of Wuhan, China.

JAN 2020

By the end of January, the virus had spread worldwide. Travel restrictions went into place and the World Health Organization declared a Public Health Emergency. **The first US case was confirmed in Washington.**

MAR 2020

On March 13th, the U.S. declared a National State of Emergency. A global shortage of PPE placed healthcare workers in significant danger. **The US confirmed more than 140,000 cases of COVID.**

APR 2020

In early April, almost 91% of Americans were ordered to stay at home. The CDC recommended everyone wear masks while in public. **By the end of April, the US had recorded over one million coronavirus cases.**

AUG 2020

States were hopeful that schools would reopen in the Fall and people began to get back to work. **Remdesivir and convalescent plasma were authorized to treat COVID-19.**

OCT 2020

Europe was declared the new 'epicenter' of the pandemic, and we became aware of **two new variants** of the COVID-19 virus — the UK and the South Africa variant.

DEC 2020

Mid-December, the US granted **Emergency Use Authorizations for two vaccines** and people began to receive their first doses. The UK variant was detected in Colorado.

JAN 2021

By the end of January, more than 440,000 Americans died from complications associated with COVID-19, and the South African variant was detected in the US.

FEB 2021

FDA approves emergency use authorization for Johnson & Johnson **one shot COVID-19 vaccine.**

MAR 2021

U.S. surpasses 100 million vaccinations administered, CDC announces that **fully vaccinated people can gather indoors without masks.**

APR 2021

By the end of April, the U.S. surpasses **200 million vaccines administered.**

MAY 2021

Largest CDC COVID-19 Vaccine Effectiveness Study in health workers **shows mRNA vaccines to be 94% effective.**

AUG 2021

On August 23rd, the **FDA approves the first COVID-19 vaccine** from Pfizer-BioNtech: **Comirnaty.**

SEP 2021

By September 15th, one in every 500 Americans had died from COVID-19. It became the **deadliest respiratory pandemic in U.S. history.**

OCT 2021

On October 18th, the U.S. passes **45 million cases.**

NOV 2021

On November 2nd, **the CDC approves of Pfizer vaccines for kids** aged 5-11 years old. Boosters for all adults are recommended.

DEC 2021

On December 1st, the first U.S. case of the **Omicron COVID-19 variant** is confirmed in California.

JAN 2022

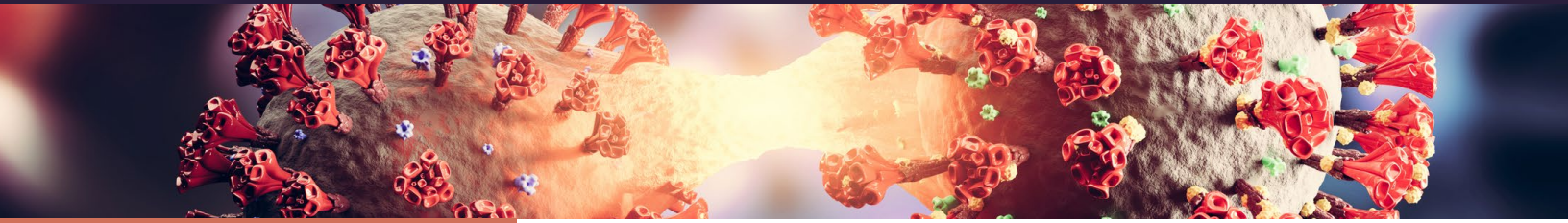
The U.S. reports nearly 1 million new COVID-19 infections — **the highest daily total of any country in the world.**

JUL 2022

New York Department of Health recommends that all people should **wear N95, KN95, or KF94 masks in all public indoor settings.**

OCT 2022

As of October 28th, there have been over 629 million total COVID-19 cases, 6.5 million COVID-19 deaths, and 12.8 billion vaccine doses given **globally.**



When is it Contagious?

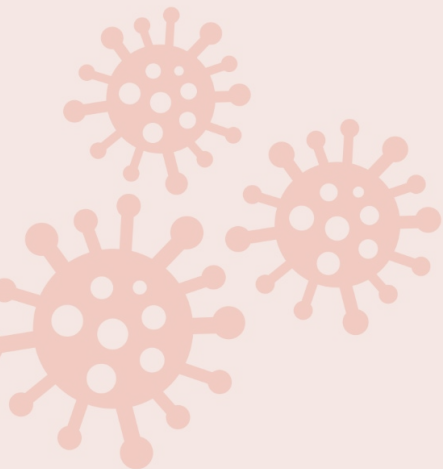
The time from exposure to symptom onset (known as the incubation period) is thought to be between 1 and 14 days.

- Symptoms typically appear within 2-14 days after exposure.

However, scientists know that a person with COVID-19 can be contagious 2 to 3 days before starting to experience symptoms.

- **People without symptoms may not even know they have the virus but can still spread the virus to others.**

This is why face masks and social distancing are so important, even when fully vaccinated and boosted. These practices reduce the risk that someone who is infected but not yet symptomatic, may unknowingly infect others.



What are the symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms. Here are a few (but not all) possible symptoms:

- Fever or chills
- Muscle or body aches
- Congestion or runny nose
- Cough
- Headache
- Nausea or vomiting
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Diarrhea
- Fatigue
- Sore throat

And, it might be different for older adults.

As with many conditions (particularly infections), older adults don't have the typical signs and symptoms. Here's what doctors and nurses on the front lines have seen in older adults with COVID-19:

- They seem "off"—not acting like themselves
- Not eating
- Dizzy
- Sleeping more than usual
- Unusually tired
- Increase in falls
- Confused
- Loss of orientation

What should you do if your client shows symptoms?

Contact a doctor right away if you notice any of the symptoms listed above.

What should you do if YOU show symptoms?

Caregivers who have signs and symptoms of any respiratory infection should not report to work. Contact your supervisor for guidance.

If you develop signs and symptoms while on-the-job:

- Immediately stop work, put on a face mask, and plan to self-isolate at home;
- Contact your supervisor so arrangements can be made to cover the client as necessary;
- Inform your supervisor of all Individuals, equipment, and locations you came in contact with; and
- Contact and follow your local health department recommendations for next steps.

Caring for a Client with COVID-19

How will you care for people with known or suspected COVID-19? Here are a few tips:

For symptom relief:

- Encourage plenty of **fluids** to stay hydrated.
- Urge plenty of **rest**.
- Some **over-the-counter medicines** may help with symptoms. Be sure to check with the client's medical provider before recommending any medications.

Monitor emergency signs:

- **Pulse Ox less than 90%.***
- Trouble breathing.
- Persistent pain or pressure in the chest.
- New confusion or inability to arouse.
- Bluish lips or face.

*PULSE OX AT HOME

A pulse oximeter (pulse ox, for short) is a small device that clips on the fingertip and reads the level of oxygen in the blood. Anyone with known COVID-19 (who is healthy enough to stay home) should have a Pulse Ox reader at home and check oxygen levels frequently. A pulse ox can be purchased for \$10-\$20 at most pharmacies.

Follow Contact, Droplet, and Airborne Precautions

COVID-19 can be spread in three different ways. **Follow all three PPE requirements** to protect yourself and others.



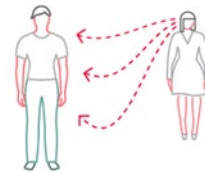
Direct



Indirect



Virus can travel up to 6 feet.



Virus can travel more than 6 feet.

Contact	Droplet	Airborne
<ul style="list-style-type: none"> • Direct person-to-person contact. The virus can spread directly from one person to another between people who are close in contact. • Indirect contact with infected surfaces. The virus can also land on surfaces or objects and spread to another person who touches the surface or object. <p>What PPE is Needed? Gloves and Gown.</p>	<ul style="list-style-type: none"> • Infected people can spread the virus by droplets (tiny globs of mucus, saliva, and water). • Droplets come out when the person talks, breathes, coughs, or sneezes. • Droplets are heavy and tend to fall within 6 feet of the person. <p>What PPE is Needed? Gloves, Gown, Surgical or N95 mask.</p>	<ul style="list-style-type: none"> • Viruses that are airborne travel on much smaller droplets that become aerosolized. • Instead of dropping to the ground, these particles are light enough to be carried through the air. • They can travel more than 6 feet. <p>What PPE is Needed? Gloves, Gown, N95 mask, Face Shield or Eye Protection.</p>

Caring for a Client with COVID-19 — Continued

Anyone who is confirmed to have COVID-19, or is showing symptoms but remains well enough to stay at home, should be completely isolated from all other household members.

THE CDC RECOMMENDS THESE ISOLATION PRECAUTIONS:

A Separate Bedroom and Bathroom

The person who is sick should stay separated from other people and pets in the home (as much as possible).

- If a separate bedroom and bathroom are available, use these to limit contact. Wear a mask, face shield, gown, and gloves to provide personal care and to clean the area around the person who is sick.
- Provide personal cleaning supplies to the person who is sick (if appropriate). Give tissues, paper towels, and cleaners (such as Clorox wipes). If they feel up to it, the person who is sick can clean their own space.
- If a separate bathroom is available, the bathroom should be cleaned and disinfected after each use by the infected person.

Eating and Cleanup After Meals

The person who is sick should eat (or be fed) in their separate bedroom.

- Deliver meals to the room without making contact, if possible. For example, a tray can be left on a table outside the door.
- Wear a mask, face shield, gown, and gloves if you must help to feed the person who is sick.
- Wash dishes and utensils using gloves and hot water. Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

Handling the Trash

The person who is sick should keep his or her trash separated from other trash in the home (as much as possible).

- Provide a dedicated trash can to the person who is sick. Place a disposable trash bag in the can.
- Use gloves when removing garbage from the room and carry the bag directly to an outside receptacle, if available.
- Remove gloves and wash hands afterwards.

Caring for Pets

The CDC **acknowledges** confirmed cases of COVID-19 in household pets.

How can you keep pets and people safe?

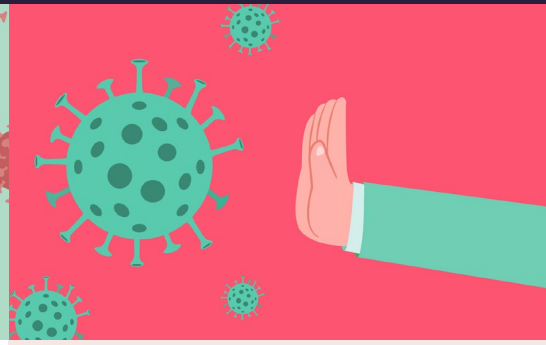


Any person who has symptoms or a confirmed diagnosis of COVID-19 should restrict contact with pets. If possible, have another member of the family care for pets while the person is sick.

Do not let pets interact with people or other animals outside the household.

Petting, snuggling, being kissed or licked by a pet should be discouraged at this time.

If the person who is sick must care for the pet, remind them to wear a **face mask** and **wash their hands before and after** they interact with the pet.



How is COVID-19 Treated?

Supportive measures are recommended for asymptomatic and mild cases. More severe cases may be treated in hospitals that have access to ventilators. Antiviral and monoclonal treatment options are reserved for those who have mild to moderate symptoms but are likely to become very sick.

Guidelines are as follows:

Severity	Supportive Measures
Asymptomatic (no symptoms)	<ul style="list-style-type: none"> • Contact a doctor (and follow the doctor's orders). • Follow isolation precautions.
Mild (no viral pneumonia and normal oxygen levels)	<ul style="list-style-type: none"> • Contact a doctor (and follow the doctor's orders). • Follow isolation precautions. • Monitor for worsening symptoms. • Get plenty of rest and fluids. • Tylenol or Motrin can ease discomfort associated with mild, cold-like symptoms. • Those underlying health conditions may be eligible for authorized antiviral or monoclonal treatment at this stage.
Severe (difficulty breathing, persistent pain or pressure in chest, pale, gray or blue-colored skin, lips or nail beds)	<ul style="list-style-type: none"> • Get emergency help for difficulty breathing. • Hospitalization is likely required. • Follow isolation precautions.
Critical (failure to breathe, worsening chest pain, inability to wake or stay awake)	<ul style="list-style-type: none"> • Life-saving measures are required at this stage. • Isolation precautions remain.

How do you do it?

Maintaining Social Distance with Clients

Social distancing is purposely increasing the space between people. Staying at least six feet away from other people can decrease your chances of catching COVID-19. But, if you provide personal care for clients, it might seem impossible to maintain a social distance.

Here's how you do it:

- Wash your hands and put on gloves and mask *before* coming in contact with the client.
- Ask the client to put on a mask, even if they don't feel sick.
- Limit talking while in close contact with clients.
- Turn your head or walk away (if it's safe to do so) to cough or sneeze.
- Perform personal care quickly and efficiently to minimize the time you are in close contact.



When Can A Client's Isolation End?

Regardless of vaccination status, when you are caring for someone with confirmed COVID-19 who is isolated at home, the CDC has updated recommendations on when the client's isolation can end. Isolation is permitted to end under the following conditions:

- At least 5 days have passed since the symptom onset, **AND**
- At least 24 hours have passed fever-free without the use of fever-reducing medications, **AND**
- Other symptoms have improved.

If the person tested positive for COVID-19 but never had any symptoms, isolation and other precautions can be discontinued 6 days after the date of their first positive test.

In either case, regardless of vaccination status, clients must continue to mask at least 5 additional days after ending isolation.



When Can You Go Back to Work After an Exposure?

Any healthcare worker who has been exposed to a person with COVID-19 (on the job or in the community) should be quickly identified and assessed for fever or symptoms of COVID-19.

- If found to be **symptomatic**, regardless of vaccination status, an assessment can be done to determine the **staffing need**, testing expectation, necessary work restriction, and monitoring for up to 10 days.
- If the exposed worker is **asymptomatic**, they do not need a work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for COVID-19.

Work Restrictions for Healthcare Workers with Confirmed COVID-19 Infection

Status	Conventional Staffing Need	Contingency Staffing Need	Crisis Staffing Need
Boosted, Vaccinated, or Unvaccinated	HCW may return to work after 10 days, 24hrs without fever and improving symptoms. Exceptions: Asymptomatic, or mildly symptomatic HCWs can return to work after 7 days with a negative test.	Asymptomatic, or mildly symptomatic HCWs may return to work after 5 days with or without a negative test, 24hrs without fever and improving symptoms.	HCWs should only perform job duties where they do not interact with others (i.e. telemedicine), or work only with those with COVID-19.
Immunocompromised HCWs	Should consult infectious disease doctors before returning to work.	Should consult infectious disease doctors before returning to work.	Should consult infectious disease doctors before returning to work.

Work Restrictions for Asymptomatic Healthcare Workers with COVID-19 Exposures

Status	Conventional Staffing Need	Contingency Staffing Need	Crisis Staffing Need
Boosted, Vaccinated, or Unvaccinated	No work restrictions when HCW has a negative test on days 1,3, and 5 from exposure.	No work restrictions.	No work restrictions.
Immunocompromised HCWs, HCWs who work with immunocompromised, HCWs who work on a unit with an uncontrolled COVID-19 outbreak.	HCW may return to work after 10 days. Exceptions: HCW may return to work after 7 days with a negative test.	No work restrictions (test if possible).	No work restrictions (test if possible).

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

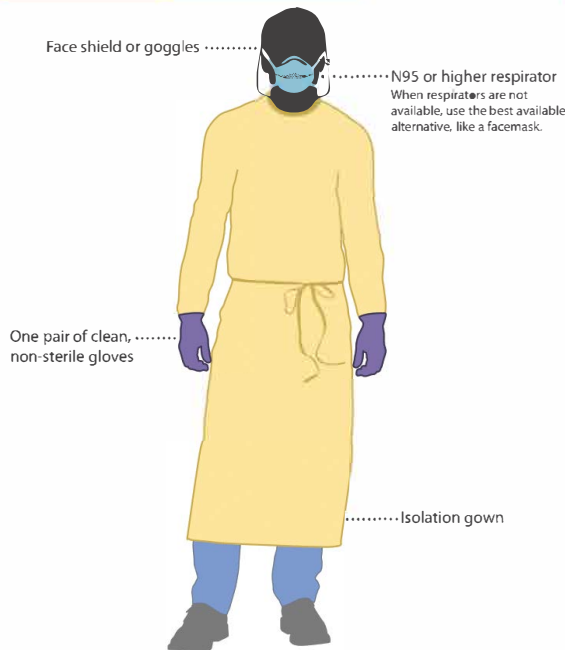
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



CS 316124 A 06/03/2020

www.cdc.gov/coronavirus

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 scrubs 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



Facts about Long-COVID:

- There are an estimated 5 million long-haulers in the world who continue to experience COVID-19 symptoms long after they test negative.
- You can experience symptoms of a long-hauler even if you only had a mild case of COVID-19.
- At first, it was thought the long-term symptoms were a stress-related reaction. Now we know it's not "all in the head."
- The number one complaint for long-haulers is fatigue. Number-two is brain fog.
- "Long COVID" is now a Disability under the ADA, Section 504 and Section 1557 in the United States if it substantially limits ones or more major life activities.

When COVID becomes "Long-COVID"

Typically, the symptoms of COVID-19 last a week or so, but that's not always the case. About 13% of COVID-19 patients become "long-haulers."

Long-haulers are those who had tested positive for the coronavirus but continue to experience symptoms long after they've tested negative. Doctors are not sure why this is happening, but long-haulers can continue to have symptoms for weeks or even months after testing negative.

What are the risk factors?

Anyone can become a victim of long-COVID. Examples of people who might be more at risk than others for developing long-COVID are people who have experienced severe COVID-19 illness, people with underlying health conditions, unvaccinated people, and those who experience multisystem inflammatory syndrome (MIS) during or after COVID-19.

What are the symptoms?

The symptoms reported and observed in long-COVID are varied and inconsistent.

- Fatigue
- Brain Fog
- Headaches
- Dizziness
- Increased Heart Rate
- Cough, Chest Pain
- Body Aches and Joint Pain
- Shortness of Breath

There doesn't appear to be a pattern, and everyone's experience can be different. In general, here are a few of the symptoms most commonly noted:

Brain fog, dizziness, and headaches are by far the most troubling symptoms for long-haulers. We tend to think of COVID-19 as a respiratory illness. So, why would it affect the brain? Experts say the symptoms may be caused by postural orthostatic tachycardia syndrome (POTS, for short), which is a blood circulation disorder.



Many POTS symptoms (brain fog, dizziness, etc.) are thought to be related to poor blood flow caused by inflammation in the autonomic nervous system.

Are there any treatments for long-haulers?

As of this date, there are no approved treatments for the symptoms associated with long-COVID. Doctors recommend self-care, such as getting enough sleep and exercising as much as the body allows.

To further address the growing number of people experiencing long-term symptoms, dozens of specialty care clinics have opened across the nation with a singular focus on long-COVID.



What Do We Know About COVID Vaccines?

MRNA

Pfizer-BioNTech is fully FDA approved in the US for ages 12+ under the name *Comirnaty*. It is FDA authorized for ages 6 months - 11 years.

Moderna is fully FDA approved in the US for ages 18+ under the name *Spikevax*. It is FDA authorized for ages 6 months -17 years.

Teaches our cells **how to make a protein** that triggers our immune system to fight.

Side Effects: Injection site pain, fatigue, headache, muscle pain. Effects worse after second dose.

Boosters available for ages 5+.

Protein Subunit

Novavax is FDA authorized for ages 12 and up.

Primary Series requires two doses, 3 to 8 weeks apart.

Contains pieces of the proteins from **the virus that causes COVID-19.**

Side Effects: Injection site pain, fatigue, headache, muscle pain. Effects worse after second dose.

Not authorized as a booster at this time for ages under 18 (but it is available in limited situations for ages 18+).

Viral Vector

J&J/Janssen is FDA authorized for ages 18 and up.

Requires one dose.

It is not recommended over the other 3 available vaccines due to the risk for serious adverse events.

Contains a harmless, modified version of a virus **different from COVID-19.**

Side Effects: Injection site pain, fatigue, headache, muscle pain.

Rare & Serious Adverse Event: Blood clots with low platelets.

mRNA booster doses recommended for ages 18+.

Why Should You Get Vaccinated?

You are devoted to protecting the health of your loved ones, your clients, and yourself. Getting the COVID-19 vaccine can help you do just that. Vaccines and boosters do three important things:

- 1. Vaccines can help you from getting sick.** The current COVID vaccines are highly effective at preventing serious illness from COVID-19.
- 2. Vaccines can make symptoms less severe.** The vaccine is not a magic bullet. You can still get COVID-19, but if you get it after you've been vaccinated, the symptoms will be mild and hospitalization is less likely.
- 3. Vaccines can help protect others around you.** Getting vaccinated yourself may also protect people around you, particularly those at increased risk for severe illness from COVID-19.

FAQs About COVID-19 Vaccines and Variants

FAQs About COVID-19 Vaccines

Q: If I already had COVID-19 and recovered, do I still need to get the vaccine?

- A: Yes. People who've had COVID-19 and do not get vaccinated are more likely to get COVID-19 again than those who were vaccinated after recovery.

Q: Will I be required to get vaccinated for work?

- A: The federal government does not mandate (require) vaccination for individuals. Some healthcare workers or essential employees may be required to be vaccinated under state or other law. Check with your employer to see if they have any rules that apply to you.

Q: Are the COVID-19 vaccines safe?

- A: All the COVID-19 vaccines currently being used have gone through rigorous studies to ensure they are as safe as possible. There is an increased risk of a serious adverse event from the JNJ/Janssen vaccine. Consult your health care provider to determine the best vaccine for you.

Q: Should I get the vaccine if I have underlying medical conditions?

- A: People with underlying medical conditions can (and should) receive COVID-19 vaccines. You should not get the vaccine if you have had an immediate or severe allergic reaction to a COVID-19 vaccine or any of the ingredients in the vaccine.

Q: Where can I get the vaccine?

- A: Follow your local state health department or pharmacy website for vaccine information. You may also search www.vaccines.gov to find vaccine locations near you.

Q: Should I get a booster?

- A: Everyone, ages 5+, are recommended to receive a bivalent (Pfizer-BioNtech or Moderna) booster at least 2 months after completing their primary COVID-19 series, or their last booster.

FAQs About COVID-19 Variants

Q: Is there a new variant of the COVID-19 virus?

- A: Yes. Viruses frequently mutate, creating new variants over time. Multiple variants of the COVID-19 virus have been documented around the world.

Q: Have the new variants been detected in the United States?

- A: Yes. The Omicron variant is the newest strain in the US. Currently circulating lineages are BA.2, BA.4, and BA.5.

Q: Are these variants more contagious?

- A: Current research shows that these variants, like the Delta and Omicron variants, seem to spread more quickly than the virus's original strain. This could lead to a rapid increase in the number of cases.

Q: Do these variants cause more severe disease?

- A: The Delta variant has been documented to be more infectious, leading to an increase in case severity and hospitalizations. Data suggests that Omicron can cause reinfection, even in those who have recovered from COVID-19.

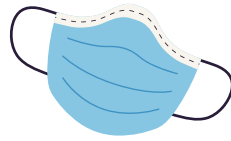
Q: Are the current vaccines effective against these variants?

- A: Initial findings suggest the current vaccines may be somewhat less effective against some of the new variants; however, they have been shown to be effective in preventing hospitalizations and severe illness against the Delta and Omicron variants. The new mRNA bivalent booster was designed specifically to fight the original strain of COVID-19, and the newest Omicron variants: BA.4 and BA.5.

Final Thoughts on COVID-19

It's Time to Mask

On January 28, 2022, the CDC updated its recommendations on mask wearing.



1. Choose a mask with a nose wire.

- A nose wire is a metal strip along the top of the mask. It helps fit the mask to your nose and seals it to your face.
- The mask should fit snugly over your nose, mouth, and chin.
- Check for gaps by cupping your hands around the mask's outside edges while breathing in and out. No air should escape near your eyes or from the sides of the mask. You may be able to see the mask move in and out with each breath.

2. If you can't get a good fit with one mask:

- Double mask. Wear one disposable mask underneath a cloth mask. The second mask should push the edges of the inner mask against your face.
- Or, use a mask fitter or brace over a disposable mask or a cloth mask to prevent air from leaking around the mask's edges.

3. If double masking is not an option:

Knot and tuck the ear loops of a 3-ply mask where they join the edge of the mask. Fold and tuck the unneeded material under the edges. For video instructions, see <https://www.youtube.com/watch?v=UANi8Cc71A0>.

Myths & Facts About COVID-19

MYTH: The COVID-19 vaccine will give me COVID-19.

FACT: None of the currently available coronavirus vaccines contain live virus. So it's not possible to get coronavirus from the coronavirus vaccine. You may experience symptoms associated with COVID-19, but that just means your immune system is working and your body is learning how to fight the virus.

MYTH: Once you receive the COVID-19 vaccine, you'll be protected forever.

FACT: With the advent of more infectious variants, boosters are now recommended for ages 5 and up. Experts are always looking at all available data to determine how well vaccines are working and how new variants affect vaccine effectiveness.

MYTH: The COVID-19 vaccine can cause infertility.

FACT: There's no evidence that the new vaccines against COVID-19 cause infertility.

MYTH: The COVID-19 variants caught health experts by surprise.

FACT: The emergence of variants to COVID-19 was not unexpected. The Centers for Disease Control and Prevention explains: "Viruses constantly change through mutation, and new variants of a virus are expected to occur over time."

A Few Helpful Resources

- **The CDC** www.cdc.gov
- **The World Health Organization** www.who.int
- **Locate your Local Health Department** <https://www.naccho.org/membership/lhd-directory>
- **Dial 211** for referrals or to be connected to agencies and community organizations.
- **Dial 911** for emergencies only.
- **Call Your Doctor** if you think you have symptoms of COVID-19.

Post Test

1. **Which of the following is true about COVID-19?**
 - A. It is caused by the same virus as the flu.
 - B. It kills more people than the flu each year.
 - C. There is no treatment for it.
 - D. It is no longer a threat to life.

2. **Which type of precautions should you follow to prevent COVID-19?**
 - A. Contact Precautions.
 - B. Droplet Precautions.
 - C. Airborne Precautions.
 - D. All of the above.

3. **While working on a client's home, you begin to run a fever. You also have a sore throat and feel achy. You should:**
 - A. Finish your shift and then go home.
 - B. Finish seeing all of your clients before going home.
 - C. Stop working, put on a mask, contact your supervisor, and go home.
 - D. Put on a mask(s) and continue working your entire shift.

4. **Possible symptoms of COVID-19 include:**
 - A. Fever.
 - B. Cough.
 - C. Sore throat.
 - D. All of the above.

5. **True or False**
 People known as "long-haulers" continue to test positive for COVID long after their symptoms disappear.

6. **True or False**
 As soon as you are fully vaccinated and boosted, you can stop wearing a mask and social distancing.

7. **True or False**
 During the Coronavirus crisis, you should wear a mask for all close personal contact with clients, even if you are vaccinated and don't feel sick.

8. **True or False**
 The new COVID variants are more contagious, meaning they spread faster.

9. **True or False**
 It's common for long-haulers to experience brain fog, fatigue, and dizziness.

10. **True or False**
 Only people with symptoms with COVID-19 can spread the virus to others.

Please send your completed quiz to your supervisor.

1 Hour CE Credit

Employee Name:
 (Please Print)

Date: _____

- I understand the information presented in this inservice.
- I have completed this inservice and answered at least eight of the test questions correctly.

Employee Signature:

Supervisor Signature:

Note to supervisors:

File completed test in employee's personnel file.