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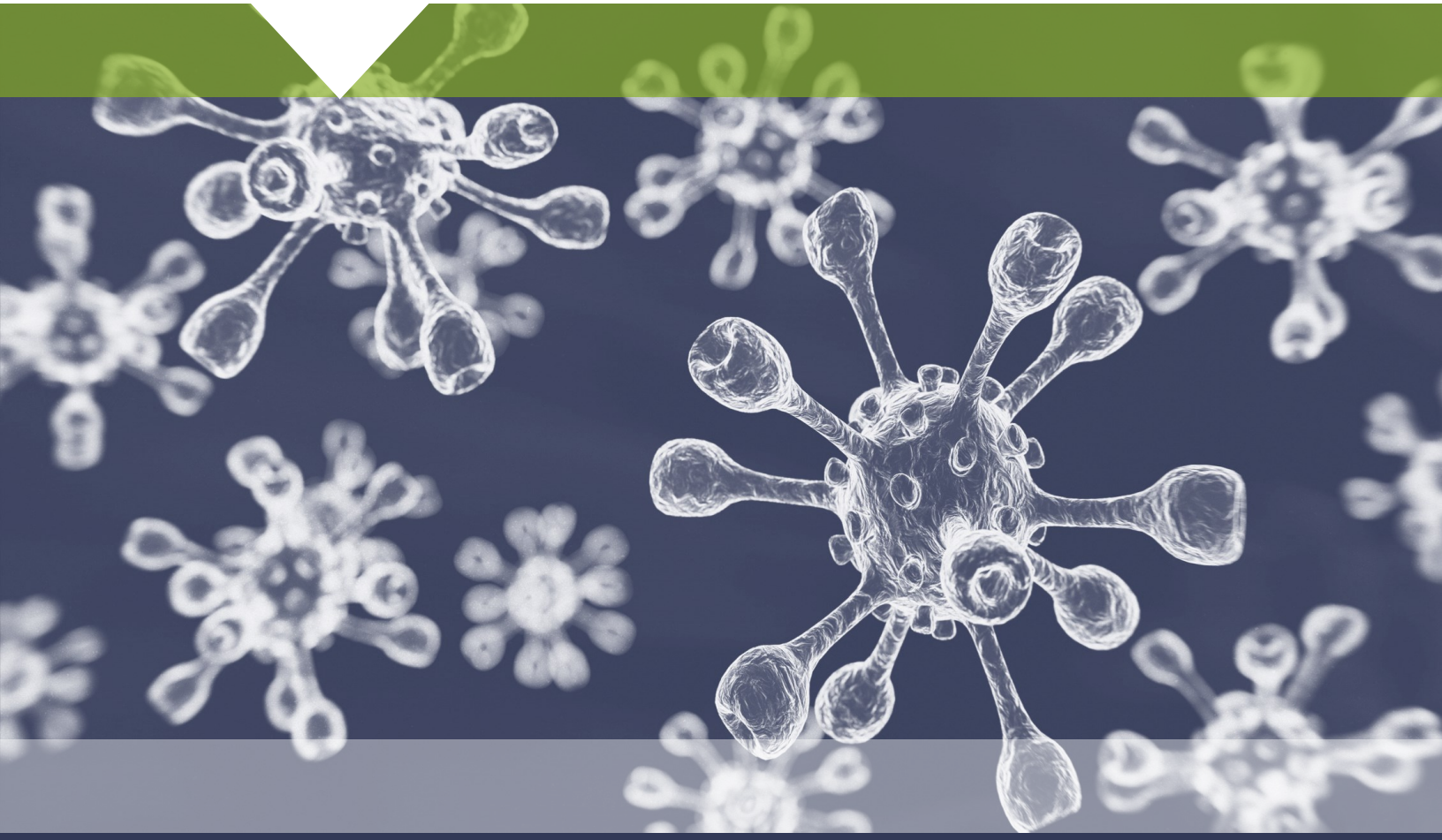
AN INFECTION CONTROL MODULE:

UNDERSTANDING CORONAVIRUS



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An Infection Control Module:

UNDERSTANDING CORONAVIRUS

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

This course provides an overview of everything caregivers need to know to keep themselves and their clients safe during the COVID-19 pandemic. It covers the symptoms, treatment, PPE, and other infection control measures everyone can use. Additionally, caregivers will get advice on minimizing social isolation in seniors while keeping them safely socially distant.

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 (please specify) _____

CE Credit: 1 hour

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

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

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

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Describe the new coronavirus (COVID-19) and discuss where it came from.

❖

List the signs and symptoms of COVID-19.

❖

Describe the infection control precautions that should be followed to prevent the spread of COVID-19.

❖

List the steps to take if you or one of your clients begins to show symptoms of coronavirus.

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COURSE OUTLINE

What Is Coronavirus?	*2*
What Are the Symptoms?	*3*
What's the Difference?	*4*
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An Infection Control Module:
Understanding Coronavirus

A BIT OF HOPE IN THE FORM OF A VACCINE

Currently, there are two vaccines available to help in the fight against the ongoing COVID-19 pandemic in the United States. The vaccines were approved by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA).

What is the EUA? The EUA process is used in emergencies when we cannot afford to wait the typical time it takes for full FDA approval. Under the EUA, the FDA evaluates the options very quickly using the evidence that is available at the time. They carefully balance any potential risks with the potential benefits to the public when making their decision.

Both of the currently authorized vaccines require two doses to get the most protection the vaccine offers.

It won't change things overnight. Everyone needs to continue to stay home when possible, wear a mask when you must go out, stay at least 6 feet away from others, avoid crowds, and wash your hands often.

How will it work in your state? Each state has been given the task of distributing the vaccine to its residents. Most states are starting with vaccinating hospital staff and other important frontline medical workers. Nursing home residents and staff will get vaccinated next.

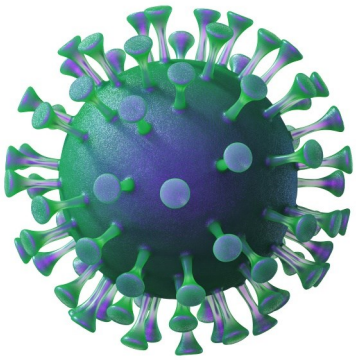
Follow your local news and your Governor's COVID-19 Task Force briefings to learn how it will work in your state.

This version of "Understanding Coronavirus" was updated Dec. 21, 2020.

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.

WHAT EXACTLY ARE CORONAVIRUSES?

Coronaviruses are a family of viruses that can infect both humans and animals. The first human coronavirus popped up in the mid-1960s. To date, there are seven (7) coronaviruses that can infect people.



It is believed that the newest (2019) coronavirus **(aka COVID-19)** was first detected in China in late December, 2019.

You may also hear the virus referred to as "Novel Coronavirus" because:

- NOVEL = NEW (never seen before).
- CORONA = CROWN (named for the crown-like spikes on the virus).

Other coronaviruses you may have heard of include:

- SARS (Severe Acute Respiratory Syndrome), and
- MERS (Middle East Respiratory Syndrome)

Where did COVID-19 come from?

Experts believe the newest coronavirus probably began in an animal. Many of the first documented illnesses were in Wuhan, China. However, it has since been discovered that the virus may have been present in Germany, Italy, and even the United States months before the outbreak in China. So, while the exact source is still unknown, researchers are fairly certain the virus was spread from animals to humans. The virus was then able to transmit from person to person, without animal contact.

Who is at risk for infection?

Everyone is at risk for getting COVID-19 if they are exposed to the virus and people of any age with the following conditions are at increased risk of severe illness from COVID-19:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Obesity (BMI of 30 or higher)
- Immunocompromised state (weakened immune system)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes

The Facts!

- The number of active COVID-19 cases continues to grow each day.
- Two vaccines have received Emergency Use Authorization in the U.S. More are expected to be authorized in the coming months.
- We now have a couple of promising ways to treat people who are sick from COVID-19:
  - **Dexamethasone** (a steroid)
  - **Convalescent Plasma** (plasma from someone who recovered from COVID-19)
- About 80% of people who become infected will have a mild case and fully recover without complications.

WHAT'S NEW?

Grab your favorite highlighter!
*As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*

When is it Contagious?

The time from exposure to symptom onset (known as the incubation period) is thought to be between 3 and 14 days.

- Symptoms typically appear within four or five 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. 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?

The CDC continues to add to the list of possible symptoms of COVID-19. Here is the most up-to-date list:

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

And, it might be different for older adults.

Older adults may not have any of these recognizable symptoms at all. 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
- Sleeping more than usual
- Not eating
- Unusually tired
- Confused
- Loss of orientation
- Dizzy
- Increase in falls

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 <u>YOU</u> show symptoms?

- Caregivers who have signs and symptoms of any respiratory infection should not report to work.

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.

HOW IS COVID-19 DIFFERENT FROM A COLD OR THE FLU?

The symptoms of COVID-19, the flu, and the common cold are very similar. It may be impossible to tell the difference between the three without getting tested.

Symptoms	COVID-19	THE FLU	COMMON COLD
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath or difficulty breathing	Sometimes	No	No
Fatigue	Sometimes	Common	Sometimes
Muscle or body aches	Sometimes	Common	Common
Headache	Sometimes	Common	Rare
Sore throat	Sometimes	Sometimes	Common
Congestion or runny nose	Rare	Sometimes	Common
Diarrhea	Rare	Sometimes (in children)	No

WHAT OTHER COMPARISONS CAN WE MAKE?

Other Factors	COVID-19	THE FLU	COMMON COLD
Onset	Symptoms typically develop 5 days after exposure, but can appear as early as 2 days, or as late as 14 days after exposure.	Symptoms usually develop from 1 to 4 days after exposure.	Symptoms usually develop from 1 to 3 days after exposure.
When can a person spread the virus?	Doctors believe people with COVID-19 are contagious for about 2 days before they show symptoms and remain contagious for about 10 days.	Most people with flu are contagious for about 1 day before they show symptoms and remain contagious for about 7 days.	Most people with a cold are contagious 1 to 2 days before they show symptoms and remain contagious as long as symptoms are present.
Is there a vaccine?	Not yet.	Yes.	No.
Approved treatments	There are currently no treatments approved by the Food and Drug Administration (FDA) to prevent or treat COVID-19	Antiviral drugs (Tamiflu, Relenza, Xofluza)	There is no cure for the common cold. Treatment usually includes over-the-counter cold and pain medications, rest, and fluids.

CARING FOR A CLIENT WITH COVID-19

If you haven't already, chances are good you may be asked to care for someone who is showing symptoms, or is confirmed to have COVID-19. How will you care for these people? Here are a few tips:

Provide symptom treatment:

- Encourage plenty of **fluids** to stay hydrated.
- Urge the client to get 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.
- For most people, symptoms last a few days and get better after a week.

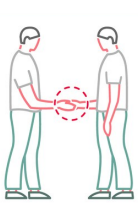
Monitor for emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

For medical emergencies, call 911 and notify the dispatch personnel that they have or are suspected to have COVID-19.

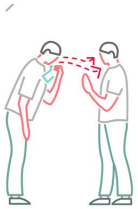
FOLLOW CONTACT, DROPLET, AND AIRBORNE PRECAUTIONS

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

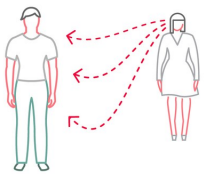


Direct

Indirect



Virus can travel up to 6 feet.



Virus can travel more than 6 feet.

CONTACT

- **Direct person-to-person contact.** The virus can spread directly from one person to another between people who are in close 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.

WHAT PPE IS NEEDED?

Gloves

Gown

DROPLET

- 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.

WHAT PPE IS NEEDED?

Surgical or N95 mask

Face Shield or Eye Protection

If no N95 or surgical mask is available, as a last resort, you can use a homemade face covering.

AIRBORNE

- 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.

WHAT PPE IS NEEDED?

N95 mask

If no N95 mask is available, use a surgical mask.

CARING FOR A CLIENT WITH COVID-19 — CONT.

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

THE CDC RECOMMENDS:

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 not 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 recently announced the first 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 her to wear a ***facemask*** and ***wash her hands before and after*** she interacts with the pet.

Should you wear a mask?

The CDC recommends EVERYONE wear a cloth face covering "in public settings where other social distancing measures are difficult to maintain especially in areas of significant community-based transmission."

It's crucial to wear a mask if . . .

- You are a healthcare worker *providing* close, personal care to clients, whether or not you have symptoms.
- You are a home care client *receiving* close, personal care, whether or not you have symptoms.

HOW IS COVID-19 TREATED?

Supportive measures are recommended for asymptomatic and mild cases. More severe cases should be treated in hospitals that have access to ventilators. Guidelines are as follows:

SEVERITY	SUPPORTIVE MEASURES
Asymptomatic	• Contact a doctor (and follow the doctor's orders). • Follow isolation precautions. • Monitor for symptoms.
Mild	• Contact a doctor (and follow the doctor's orders). • Follow isolation precautions. • Monitor for worsening symptoms. The CDC reports, "some observations suggest that ***respiratory symptoms may worsen in the second week of illness***." • Get plenty of rest and fluids. • Tylenol or Motrin can ease discomfort associated with mild, cold-like symptoms.
Severe	• Get emergency help for difficulty breathing. • Hospitalization is likely required. • Follow isolation precautions.
Critical	• Life-saving measures are required at this stage. • Isolation precautions remain.

WHEN CAN A CLIENT'S ISOLATION END?

When caring for someone with confirmed COVID-19 who is isolated at home, the CDC recommends isolation can end under the following conditions:

- At least 10 days have passed since 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 10 days after the date of their first positive test.

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, they should be immediately restricted from work until a medical evaluation can be completed and testing for COVID-19 considered.
- If the exposed worker is asymptomatic, an assessment can be done to determine the **risk category** of exposure, necessary work restriction, and monitoring for 14 days.

What's the difference between high risk and low risk exposure?

Exposure	PPE Status	Work Restrictions
High-Risk Exposure Healthcare worker (HCW) who had prolonged (15+ mins) close (within 6 ft.) contact with a patient, visitor, or co-worker with confirmed COVID-19.	• HCW **did not** wear recommended PPE (i.e., gown, gloves, eye protection, respirator, or face mask) throughout the duration of the prolonged contact.	• Exclude from work for 14 days. • Monitor for fever or symptoms consistent with COVID-19 • If symptoms develop, HCW should immediately seek a medical evaluation and testing.
Low Risk Exposure HCW other than those with exposure risk described above	• HCW **did** wear recommended PPE (i.e., gown, gloves, eye protection, respirator, or face mask) at the time of contact.	• No work restrictions • Follow all recommended infection control practices. Wear a facemask while at work, monitor for symptoms, do not report to work when ill, and undergo active screening for fever or symptoms consistent with COVID-19 at the beginning of each shift.

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

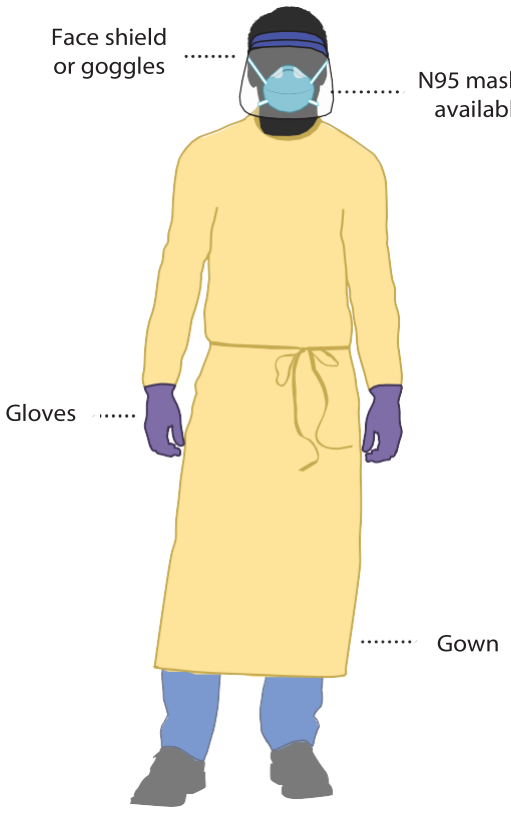
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **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.

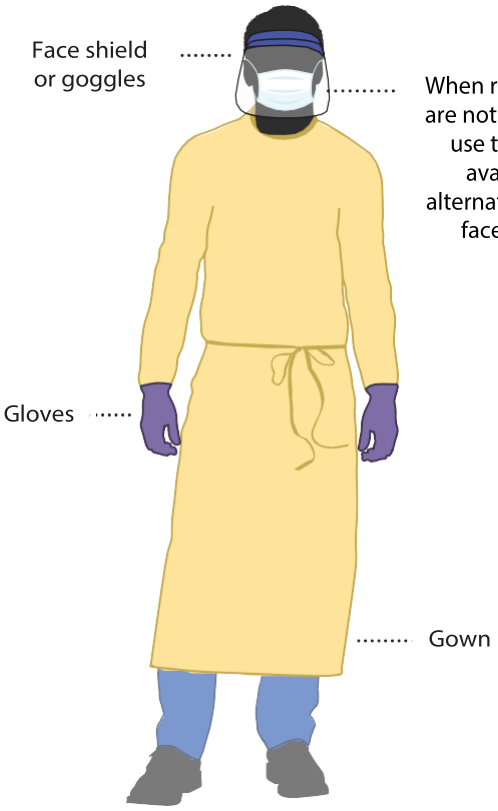
Remember:

- PPE must be donned (put on) correctly before entering the patient area.
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



www.cdc.gov/coronavirus

CS 316124-A 03/30/2020

Donning (putting on the gear):

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.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

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.*

WHAT DOES SOCIAL DISTANCING REALLY MEAN?

Social distancing, self-quarantine, isolation, and shelter-in-place are all terms commonly used these days. You'll hear them from politicians, newscasters, and maybe even your own family. But, what do they mean? How are they different?

Here's a breakdown of what these terms mean to you:

Social distancing — Social distancing is when we purposely increase the space between people. Staying ***at least six feet away*** from other people can decrease your chances of catching COVID-19. Why six feet? Because that is how far the coronavirus droplets can travel when someone near you coughs or sneezes.

Social distancing will not stop the spread of coronavirus, but it can ***slow it down*** so that fewer people get sick all at once.

How do you maintain social distance during personal care with clients?

That's the tricky part. If you provide personal care for clients, you must get closer than 6 feet to interact with them.

Here are a few suggestions:

- Wash your hands and put on gloves *before* coming in contact with the client.
- Wear a mask for close contact with clients, even if you don't have symptoms. You can still carry and pass the virus to others even if you don't feel sick.
- 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.
- Wash your hands after removing gloves.
- Encourage clients to wash their hands frequently throughout the day.

MORE TERMS TO KNOW

- **Self-Quarantine** — This is when you voluntarily stay in your own home to stay away from others for a period of time (such as two weeks) during the outbreak of a contagious disease.

  If you feel the need to self-quarantine, let your supervisor know. Ask if there are other tasks you may be able to do from home, such as make phone calls to clients or pack supplies for other caregivers.

- **Isolation —** Isolation is required for anyone confirmed to have COVID-19. It's the only way to keep people who are infected with the virus away from those who are not infected. People can be isolated at home if their symptoms are mild. Hospitals have special "isolation rooms" for people who need more care.

  If you are asked to care for a client in isolation, be sure you understand how to use **standard and transmission based precautions**. Click HERE for instructions on putting on and taking off PPE in isolation situations. (https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)

- **Shelter-in-Place —** Cities across the US issued "shelter-in-place" or "stay at home" orders when the pandemic first began. This order limited people from going out unless they had an essential reason, such as getting food or medicine and going to work.

  Most of the shelter-in-place orders across the US have been lifted. However, some areas that are seeing a surge in cases may have to bring the order back.

HOW TO MINIMIZE SOCIAL ISOLATION DURING SOCIAL DISTANCING

THINK ABOUT IT!

Those of us isolating at home with kids or spouses can enjoy the **LUXURY** of making flippant jokes about "having a little too much family time," or "being fired from that new homeschooling position for napping on the job."

IMAGINE!

Those of us who can get out in the Spring air for a walk or a jog have the **LUXURY** of complaining about "cabin fever" and how this quarantine is wrecking our waistlines.

IT'S TRUE!

Those of us who have access to technology and can video chat with our co-workers and friends have the **LUXURY** of turning off our cameras during calls because of a messy hairdo.

NOT EVERYONE IS SO LUCKY.

While we complain, joke, tweet, and zoom, we must remember that there are real people, many of whom are "at-risk seniors," living at home all alone with no one to talk to, unable to get out for fresh air, and lacking the technology to even see a familiar face now and then.

While the virus itself will take the lives of so many, the social isolation of this quarantine will sadly lead to much more collateral loss. These tragic losses will go uncounted as "COVID-19 deaths." However, they are distinctly related.

Loneliness increases the likelihood of death in the elderly by 26 percent.
And lacking social connections is as damaging to a senior's health as smoking 15 cigarettes a day.

How can you help? Here are five tips you can use to help ward off the loneliness your clients may experience during this difficult time:

1. Continue with regular visits.

If it is safe to do so (and the client requests it) continue to visit the client in the home. Make sure you and your client have the PPE and infection control knowledge needed to keep you both safe.

2. Interact socially during visits.

You are required to wear a mask and limit talking while in close contact with clients and while delivering personal care. This probably feels unnatural and awkward. So, take a few minutes to socialize from a safe distance before and after these duties, to put the client at ease and provide the important social interaction he or she needs.

3. Teach seniors how to use technology.

Statistics continue to show that more and more older adults have access to smartphones, tablets, and the internet. However, the problem isn't owning them, it's using them. Take time to teach clients how to use their devices for video chatting, email, texting, and even social media. Those who have a device and access to the internet can try some free online classes developed just for them. Click HERE for a list of free classes.

4. Do front porch visits.

For clients who refuse services at this time, offer "no contact" front porch visits. This is when you visit with the senior from a safe distance on the porch. This "no-contact" visit can include a delivery of groceries or other needed supplies to make the trip more efficient.

5. Check-in every day.

If daily, in-person visits are out of the question, ask your supervisor if it would be okay to call the client at a certain time every day – just to check in and chat. During these chats, try not to talk too much about the crisis. Ask about everyday things the person is interested in, such as "Are the flowers blooming in your yard now?" Or, "Have you put out your bird feeder yet?"

FAQS ABOUT CLEANING DURING THE COVID-19 CRISIS

Q: Can coronavirus droplets survive on clothing?

- Scientists at Harvard found that the virus is more likely to survive on hard services, like plastic and steel, than on softer ones like clothing fabric.
- Still, experts suggest that you remove your shoes and change out of your work clothes to prevent outside germs from coming into your home.

Q: To combat the virus, what's the best practice for doing laundry?

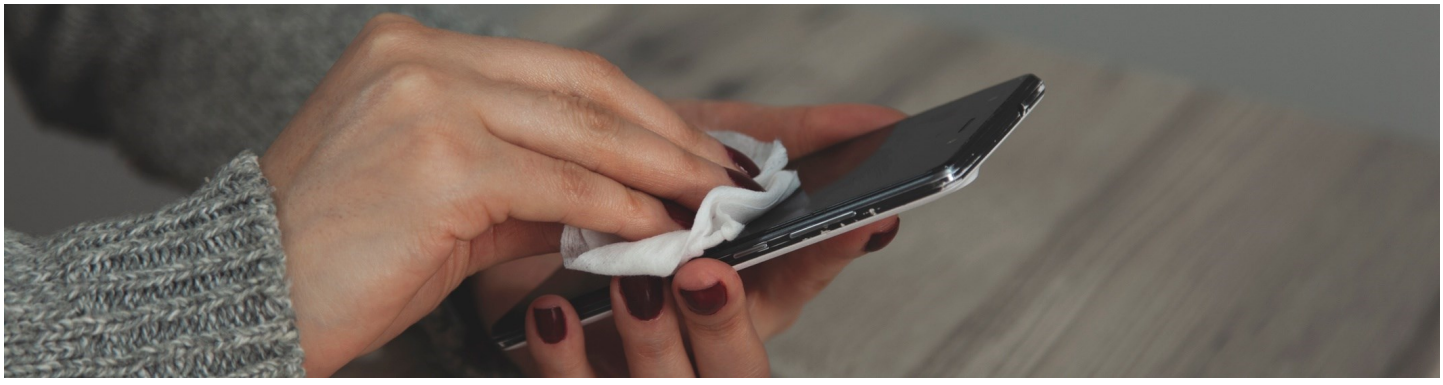
- The CDC recommends washing your own clothes using the warmest appropriate water setting, making sure to dry them completely. They also suggest cleaning and disinfecting clothes hampers. Better yet, if possible, use a disposable bag to line the hamper.
- When you are on the job, follow standard precautions for handling your client's laundry. Wear disposable gloves. To reduce the chances of spreading the virus through the air, never shake dirty laundry. Be sure to remove your gloves properly (to avoid exposure to germs) and throw them out after each use. Then wash your hands.

Q: Does it matter what type of soap I use to wash my hands?

- Fortunately, no, the type of soap does not matter. And, remember, since COVID-19 is a virus, there is no advantage to using antibacterial hand soap. The most important thing is to wash your hands for at least 20 seconds so that the combination of the soap and the friction of your hands rubbing together disrupts the germs.

Q: I always have my cell phone with me when I care for clients. Do I need to clean it?

- Yes, experts recommend that you clean your cell phone regularly. Since you can't use soap and water on a phone, they recommend something like a Clorox or ethanol wipe—something with at least 70% alcohol. Be sure to clean the back and sides as well…but avoid the ports.
- However, DO NOT use a wipe that contains bleach as it may ruin the surface of your phone. If you are unable to find wipes, try filling a spray bottle with rubbing alcohol. Spray the phone carefully, avoiding getting any liquid in the ports. Whatever cleaner you use, just make sure it has time to sit and work its magic before you wipe it off with a single use cloth.
- **NOTE:** Your best bet to protect your phone from harsh cleaners may be to first put a screen protector on your screen.



MORE FAQS ABOUT CLEANING DURING THE COVID-19 CRISIS

Q: Is there a difference between cleaning and disinfecting?

- Yes! Cleaning *removes* germs, dirt, and impurities from surfaces, lessening the risk of spreading infection by reducing the number of germs. However, cleaning does not kill germs.

  Disinfecting involves using chemicals to *kill* germs on surfaces.

  Your best bet to lower infection spread is to first clean a surface and then follow up by disinfecting it.

  For clients who are isolating at home (and in your own home), the CDC suggests cleaning and disinfecting high-touch surfaces daily in household common areas. These items include: ***counters, tables, hard-backed chairs, doorknobs, light switches, TV remotes, cell phones, handles (such as the refrigerator and microwave handles), desks, toilets, and sinks.***

Q: What products can I use to disinfect surfaces in my clients' homes (or my own home)?

- First, remember your standard precautions. Wear gloves while cleaning and disinfecting client areas. When you are finished, remove them properly, dispose of them, and wash your hands. NOTE: At home, if you don't have gloves, be sure to wash your hands before *and* after you clean.

  If surfaces are dirty, CLEAN them first by scrubbing with soap/detergent and water. Then, if possible, DISINFECT. You can use a diluted bleach solution, an alcohol solution with at least 70% alcohol or one of these CDC-approved disinfectants: www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf (In general, look for sprays or wipes that promise to kill 99.9 percent of germs.) Be sure to follow the manufacturer's instructions on the container.

You can prepare a bleach solution by mixing 4 teaspoons of bleach to one quart of water. However, please remember to:

- Check the expiration date on the bottle of bleach. If it has expired, it will not be effective against the coronavirus.
- Ask your client or a family member if any household surface will be harmed by bleach. For example, some laminate countertops will discolor if cleaned with bleach.
- Never mix household bleach with ammonia or any other cleanser, including vinegar. It may create a poisonous gas.
- Be sure to label the bleach solution container and keep it away from children and adults with dementia or Alzheimer's disease.
- Only make as much bleach solution as you need for one day of cleaning. It will lose its effectiveness after 24 hours.
- To discard the solution, dilute with water and pour it down a sink drain.

MYTHS & FACTS SURROUNDING COVID-19

MYTH: The COVID-19 vaccine isn't safe because it was developed too quickly.

⇒ **FACT:** Pharmaceutical companies still had to follow strict safety protocols and perform adequate testing to get the Emergency Use Authorization. The Pfizer vaccine was safely given to 43,000 volunteers before it was authorized to give to the public.

MYTH: If I already had COVID-19, I don't need to get the vaccine.

⇒ **FACT:** There is currently not enough information to say how long someone is protected after being infected with COVID-19. The CDC recommends getting the vaccine even if you previously had the virus.

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

⇒ **FACT:** It is unknown how long you will be immune from the virus after getting the two-shot series of the vaccine. It's likely you will need to be vaccinated on a regular basis, like the yearly flu shot.

MYTH: Coronavirus can be transmitted through mosquito bites.

⇒ **FACT:** There is NO evidence that suggests coronavirus could be transmitted by mosquitoes. COVID-19 is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes.

MYTH: Spraying alcohol or chlorine on your body can kill the new coronavirus.

⇒ **FACT:** Spraying alcohol or chlorine on your body cannot kill viruses that have entered your body. These chemicals can also be harmful to clothes, skin, or mucous membranes such as eyes or mouth.

MYTH: Vaccines against the flu and pneumonia can protect you against the new coronavirus.

⇒ **FACT:** Neither the yearly vaccine against the flu nor the pneumococcal vaccine against pneumonia provide protection against the new coronavirus.

MYTH: If you've had the virus you are immune and can't get it again.

⇒ **FACT:** Scientists are unsure about this. In several cases, people who have tested positive and recovered have tested positive again at a later date. It's unclear if they still had the same infection or if they were re-infected.

HELPFUL RESOURCES

Trusted sources of information include:

The CDC at www.cdc.gov

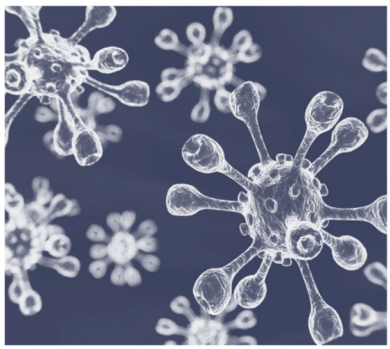
The World Health Organization at www.who.int

Locate your local Health Department at 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



intheknow A home care pulse COMPANY | CAREGIVER TRAINING

EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least 6 of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

1 Hour CE Credit

File completed test in employee's personnel file.

An Infection Control Module:

Understanding Coronavirus

Are you "In the Know" about COVID-19? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. Coronaviruses are a family of viruses that can infect:

☐ Humans only. ☐ Humans and animals.
☐ Animals only. ☐ None of the above.

2. Which of the following place people at greater risk of getting COVID-19:

☐ Heart disease. ☐ Lung disease.
☐ Diabetes. ☐ All of the above.

3. While working in a client's home, you begin to run a fever. You also have a sore throat and feel achy. You should:

☐ Finish your shift and then go home.
☐ Finish seeing all of your clients before going home.
☐ Stop working, put on a mask, contact your supervisor and go home.
☐ Put on a mask and continue working your entire shift.

4. Possible symptoms of COVID-19 include:

☐ Fever. ☐ Sore throat.
☐ Cough. ☐ All of the above.

5. ☐ **True** ☐ **False**

About 80% of people who become infected with COVID-19 will have a mild case and fully recover without complications.

6. ☐ **T True** ☐ **False**

It's possible to pick up the COVID-19 virus by touching an infected surface such as a doorknob or light switch.

7. ☐ **True** ☐ **False**

During the Coronavirus crisis, you should wear a mask for all close personal contact with clients, even if you don't feel sick .

8. The CDC recommends routine cleaning of frequently touched surfaces to prevent the spread of COVID-19. Which of the following are considered "frequently touched surface?"

☐ Tables ☐ Desks ☐ Faucets
☐ Doorknobs ☐ Cell phones ☐ Sinks
☐ Light switches ☐ Toilets ☐ TV Remotes

Please send your completed quiz to your supervisor.