

The following are documents referenced in the Pandemic
Emergency Plan

These are policies and procedures the facility uses to direct its operations. Covid-19 requires facilities to adjust and change policies, procedure and plans quickly in response to new regulatory directives and discovery of new best practices.

Due to this, kindly contact Administration if you have questions or need to confirm the current policy of the facility on a given matter.

New Franklin Center for Rehabilitation and Nursing

Limited Visitation Plan – Covid-19

We are anticipating resumption of limited visits as of Sept 15th.

Visitation will be limited to outdoor main floor terrace areas, weather permitting. Under certain limited circumstances visitation can be inside, in a well-ventilated space with no more than 10 individuals in the main floor recreation/common room who are appropriately socially distanced at least 6 feet apart and wearing a facemask or face covering while in the presence of others. For ventilator dependent residents visitation will take place in the dining room on the unit. Visits may be cancelled at any time or the resumption of visits postponed without prior notice due to weather or if the facility does not meet the current NYSDOH requirements. The facility is required to have no new cases of covid identified among residents or staff for 28 days before allowing visits.

Visits must be scheduled in advance through the facility Recreation Department.

Visitation is strictly prohibited in resident rooms or care areas.

Specialty practitioner, podiatric, and dental services may continue with strict adherence to infection control guidelines.

Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations, are permitted under the following conditions:

- 1) Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
- 2) The nursing home maintains signage regarding facemask utilization and hand hygiene and uses applicable floor markings to cue social distancing delineations.
- 3) Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. Any visitors who have travelled to a state identified under Governor Cuomo's Executive Order 205 will not be allowed visitation in the facility for 14 days last date of stay in the identified state.
- 4) Documentation of screening is maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation includes the following for each visitor to the nursing home:

- i.. First and last name of the visitor;
- ii. Physical (street) address of the visitor;

New Franklin Center for Rehabilitation and Nursing

iii. Daytime and evening telephone number;

iv. Date and time of visit;

v. Email address, if available; and

vi. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.

5) There is adequate PPE made available by the nursing home to ensure residents wear a facemask or face covering which covers both the nose and mouth during visitation, if medically tolerated.

6) Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH. Visitors must maintain social distancing, except when assisting with wheelchair mobility. The nursing home will have an adequate supply of masks on hand for visitors and provide them to visitors who lack an acceptable face covering.

7) Facilities provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate to appropriate use.

8). No more than 10 percent (10%) (32 residents for Franklin) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time. The nursing home should design and communicate visitation policies in order to comply with this requirement and schedule such visits.

9). Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.

10) Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

11) The nursing home has a short, easy-to-read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.

12) The hours of visitation are 11a to 4p by appointment. Any exception to the visiting hours may be requested by appointment. Visits are limited to 30 minutes.

13) We attest that the nursing home is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).

Visitor Screening Tool

Name of Visitor _____ Date of Visit _____

Name of Resident being visited _____ Room _____

Covid-19 Risk Factors	
Have you travelled by plane or cruise ship within and/or outside the United States in last 14 days?	[] Yes [] No
Have you travelled out of New York, New Jersey or Connecticut State to a Restricted travel state in the last 14 days?	[] Yes [] No
Exposure to individuals with cold or flu-like symptoms within the last 14 days	[] Yes [] No
Exposure to someone known to have been diagnosed with Covid-19 in the last 14 days?	[] Yes [] No

If yes to any questions above please include details below:

Have you had any of these Covid-19 symptoms in the last 14 days?	
Sore Throat	[] Yes [] No
Cough	[] Yes [] No
Runny Nose	[] Yes [] No
Shortness of Breath	[] Yes [] No
Diarrhea	[] Yes [] No
Loss of Taste/Smell	[] Yes [] No
Fever above 99.6 degrees F	[] Yes [] No

If yes to any questions above please include details below:

I have been Educated about hand hygiene and Covid-19 Prevention [] Yes [] No

Name of Screener _____

If you answered "yes" to any of the above questions, you may not enter the center at this time until reviewed and approved by our RN. Please feel free to call your loved one or call our staff and they will check on them until your symptoms have resolved. Thank you for your understanding and cooperation with keeping our residents, staff and community safe.

Protect yourself from COVID-19 and stop the spread of germs.



Wash your hands thoroughly with soap and water **for at least 20 seconds**, especially before eating.



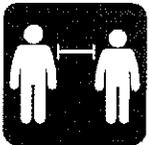
Avoid close contact with people who are sick and stay home if you are sick.



Avoid touching your eyes, nose, and mouth.



Stay home as much as possible. **Everyone** – even young people and those who feel well.



If you must go out, **stay at least 6 feet** away from others.



You must wear a face mask or face covering in public when social distancing (staying 6 feet apart) is not possible, especially on public transport, in stores and on crowded sidewalks.



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



Clean and disinfect frequently touched objects and surfaces.

Stay Home. Stay Safe. Save Lives.
www.ny.gov/coronavirus



Department
of Health

保護自己免受新型冠狀病毒 疾病的感染，杜絕病菌傳播。



用肥皂和水徹底乾淨洗手，至少20秒，尤其是飯前。



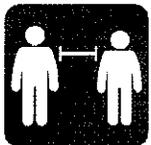
避免與病人密切接觸，自己生病時待在家中。



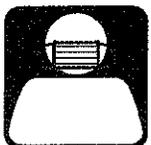
避免觸摸眼、鼻、口。



盡可能待在家中。每個人都應待在家中—即使是年輕人和感覺健康的人。



如果必須外出，請與他人保持至少 6 英尺距離。



無法保持社交距離（相距6英尺）時，必須在公共場合佩戴口罩或面紗，尤其是在公共交通工具上、商店中和擁擠的人行道上。



咳嗽或打噴嚏時用紙巾捂嘴，然後把紙巾扔進垃圾桶。



清潔和消毒經常接觸的物體和表面。

待在家中。保持安全。挽救生命。

www.ny.gov/coronavirus



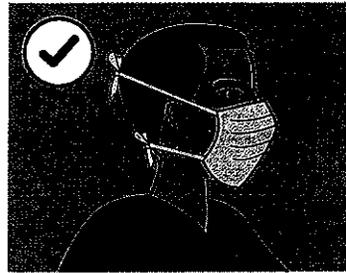
Department
of Health

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.

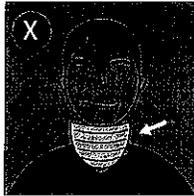


DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

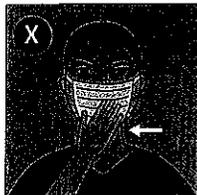
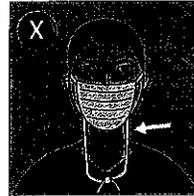
When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



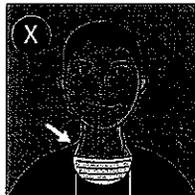
DON'T allow a strap to hang down. DON'T cross the straps.



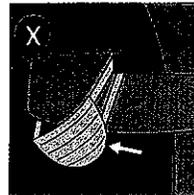
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



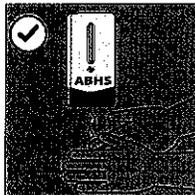
DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



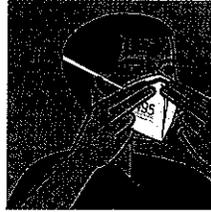
Respirator On / Respirator Off

When you put on a disposable respirator

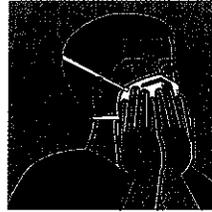
Position your respirator correctly and check the seal to protect yourself from COVID-19.



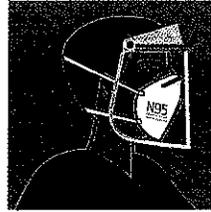
Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



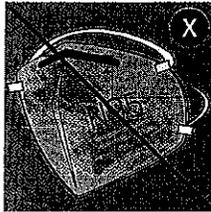
Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



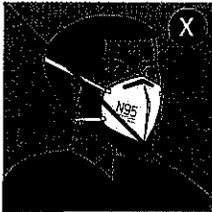
Place both hands over the respirator, take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



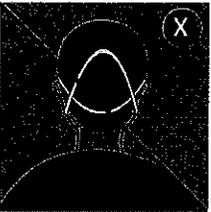
Select other PPE items that do not interfere with the fit or performance of your respirator.



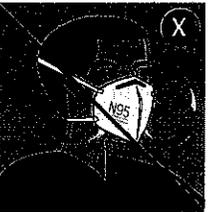
Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



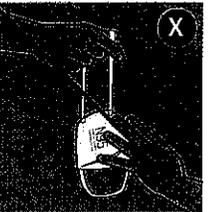
Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.

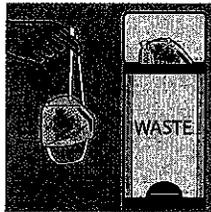


Do not touch the front of the respirator during or after use. It may be contaminated.

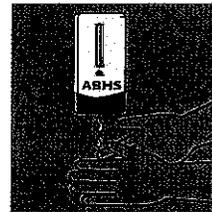
When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Preventing COVID-19 in Nursing Homes Hand Hygiene Protocol

Critical Moments for Hand Hygiene

- ANY TIME your hands are visibly soiled
- BEFORE and AFTER touching your face or mask
- BEFORE and AFTER putting on/removing gloves
- BEFORE and AFTER eating
- AFTER using the restroom
- BEFORE and AFTER performing resident care needs:
 - ✓ Feeding
 - ✓ Accessing devices
 - ✓ Dressing/undressing
 - ✓ Oral care
 - ✓ Bathing/showering
 - ✓ Transferring
 - ✓ Giving medication
 - ✓ Toileting/incontinence care

*Clean hands save lives!
Perform hand hygiene during
these critical moments*

NOTE: If feasible, install hand sanitizer dispensers at the entrance and exit of residents' rooms

Soap & Water



1. **Wet** your hands with clean, running water and apply soap.
2. **Lather** soap by rubbing your hands together. Do not forget the backs of your hands, between your fingers, your thumb, and under your nails.
3. **Scrub** your hands for at least 20 seconds. (This is about the time it takes to sing the "Happy Birthday" song twice)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air-dry them.

Alcohol Hand Sanitizer*

(≥60% ethanol or ≥70% isopropanol)



1. **Apply** hand sanitizer generously into the palm of your hand (left or right). Ensure enough hand sanitizer to perform the following:
2. **Rub** the gel onto the front and back of both hands
3. **Rub** the gel between the fingers by interlocking the fingers of both hands. Remember to clean both thumbs.
4. **Rub** the gel onto both wrists
5. **Air dry**

* Non-alcohol-based formulations (e.g., benzalkonium chloride) are not recommended. Also, ensure hand sanitizer is not contaminated with methanol, which is toxic. Check for recalled products at <https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-consumers-should-not-use>

The Orange County Nursing Home Infection Prevention Team is coordinated by the University of California, Irvine Health and is jointly funded by Orange County Health Care Agency and CalOptima **Last Updated: 8/2/2020**

POLICY:. The Facility Infection Preventionist (IP) in conjunction with Inservice Coordinator/Designee, must provide education on Infection Prevention and Management upon the hiring of new staff, as well as ongoing education on an annual basis and as needed should a facility experience the outbreak of an infectious disease.

GENERAL INFORMATION:

Elements of Infection Prevention Training are provided during orientation, mandatory training and job specific competency

These elements include:

- a. Reporting: When and to whom possible incidents of communicable disease or infections should be reported. It is the policy that the facility will follow State reporting requirements on which communicable diseases will be reported to the local/state authorities
- b. Standard and transmission-based precautions to be followed to prevent the spread of infections.
 - a. Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment
 - b. Selection and Use of PPE
 - c. Provision of facemasks for residents with new respiratory symptoms
- c. When and how isolation should be used for a resident; including but not limited to;
 - a. The type and duration of the isolation, depending upon the infectious agent or organism involved.
 - b. A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
 - c. Selection of room (private/semi-private/cohorted on a case-by-case bases as appropriate and available-facility to identify risk factors that could lead to likelihood of transmission
 - i. Identification of process to manage a resident when a private room is not available
 - d. Limiting the movement of a resident with a highly infectious disease for only medically necessary purposes
- d. Implementation Respiratory Hygiene/Cough Etiquette
 - a. Resources and instructions provided at the lobby
 - i. Dispenser for Alcohol-based hand rub
 - ii. During times of increased prevalence of respiratory infections in the community, facemasks will also be available.
- e. Occupational Health procedures, including:
 - a. The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food if direct contact transmits the disease.
 - b. The facility Exposure Control Plan
 - c. Education and competency assessment
- f. The hand hygiene procedures to be followed by staff involved in direct resident contact.
- g. Resident Care Activity procedures including
 - a. Use and care of urinary catheters consistent with requirements and best practice
 - b. Wound care, incontinence care and skin care

Approval Date: 9/4/2020	Supersedes:	Distribution: Nursing, Medical, Housekeeping Dietary	PAGE: Page 1 of 2
Implementation Date: 9/4/2020			

- c. Finger stick and point-of-care testing
- d. Preparation, administration and care for medications administered by injection or peripheral and central venous catheters
- e. Use and care of peripheral and central venous catheters
- h. Environmental cleaning and disinfection
 - a. Routine Cleaning and disinfection
 - b. Cleaning/disinfection of resident care equipment, including shared equipment
- 1. **The facility will designate one or more individual(s) as the infection preventionist(s) (IP)(s) who is responsible for the facility's IPCP. The infection preventionist will:**
 - c. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or another related field;
 - d. Is qualified by education, training, experience or certification.
 - e. Works at least part-time at the facility.
 - f. Has completed specialized training in infection prevention and control.
 - g. Be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis
 - h. Be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
- 2. Policies and Procedures for the facility Influenza and Pneumococcal Immunizations
- 3. See Infection Control Manual for details

REFERENCE:

<https://www.cdc.gov/longtermcare/training.html>

PROCEDURE:

Responsible	Action
Infection Preventionist / RN Supervisor	1. Conduct annual competency-based education on hand hygiene and donning/doffing Personal Protective Equipment (PPE) for staff. 2. Provide in-service training for all staff on Infection Prevention policies and procedures as needed for event of an infectious outbreak including all CDC and State updates/guidance. 3. Guide Departments as to the job specific training that is required for each discipline

Approval Date: 9/4/2020	Supersedes:	Distribution: Nursing, Medical, Housekeeping Dietary	PAGE: Page 2 of 2
Implementation Date: 9/4/2020			

Department: Recreation

Subject: Therapeutic Activities during Viral Outbreak/ Pandemic

Policy: The facility will promote each residents' highest level of well-being in alignment with the prevention of the spread of Covid-19 infection in alignment with Federal guidelines restricting group activities.

Procedure:

1. The Activities Director in conjunction with the resident/resident representative and IDT team will identify resident specific activities needs by interviewing residents for **in room activities** that they would be interested in and reviewing care plans.
2. The Activities Director will inform the QA Committee of revised Activities and provide a calendar listing daily activities.
3. Small resident groups incorporating social distancing of 6 feet can be conducted if permitted by current NYSDOH or CDC guidelines. These small groups will be scheduled each day to include residents with dementia or behavior issues that increase risk of accidents and/or change in condition.
4. Other small groups will be scheduled throughout the day/evening to prevent social isolation.
5. **Residents to be notified of small group programs they could sign up for and then notified of their scheduled program.**
6. Any resident with fever or symptoms of infection will not participate in small group activities.
7. Daily Activities staff with available rehab aides will make room visits including hallway music programs encouraging resident engagement and physical activity as indicated i.e. stretching at room doorway, ambulating in room in accordance with CCP.
8. The Activities Team and CNAs will ensure residents in rooms have arts/crafts, music, movies, reading materials, crossword puzzles, Ipads and sensory items as per resident preference. Provide individualized items when possible, ensure any commonly used items are disinfected with EPA approved disinfectant.
9. Resident Council will be informed of activities changes with input as needed.
10. If a resident has a specific request or need the Activity staff assigned to the unit will notify the Director and IDT team for follow up.
11. Through QA, residents plans of care will be maintained with updates as indicated during the Covid-19 outbreak

Approval Date: 3/20/2020	Implementation Date: 3/20/2020	Distribution: All Depts	Page: 1 of 2
Department Head Approval: Recreation	Supersedes:		
Administration Approval: 			

Department: Recreation	Subject: Therapeutic Activities during Viral Outbreak/ Pandemic
-------------------------------	--

- 12. All group programs will be suspended upon direction of the Administrator, Director of Nursing or Medical Director in the even of a worsening outbreak in the facility.
- 13. Remote means of providing activities and religious services will be provided via the in house TV station (channel 30) utilizing live video and recorded content.

Approval Date: 3/20/2020	Implementation Date: 3/20/2020	Distribution: All Depts	Page: 2 of 2
Department Head Approval: Recreation	Supersedes:		
Administration Approval: 			

Coronavirus Disease 2019 (COVID-19): Supporting Your Loved One in a Long-Term Care Facility

We recognize the hardship that our residents and families are experiencing right now due to COVID-19, and we hear your concerns about the restrictions that have been put into place to reduce the risk of spread of COVID-19.

As part of our facility's commitment to protecting residents, families, and staff from serious illness and complications, we are continuing to follow guidance from the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), which includes restricting all visitation, except for certain compassionate care reasons, such as end-of-life.

Due to the high risk of spread once COVID-19 enters a facility, we must continue these protections. We will continue to provide families with regular updates regarding our facility's COVID-19 status via phone and email.

During this challenging time, we are committed to helping residents stay connected with their families and loved ones. We would like to work together with you to make this possible. Below are some ideas on how to keep in touch, and ways we are supporting communication between our residents and their families:



TECHNOLOGY for more frequent video chats, emails, text messages, and phone calls.

We are teaching residents to use video chat applications (such as Skype and FaceTime) and will help read emails or texts on personal devices if needed.



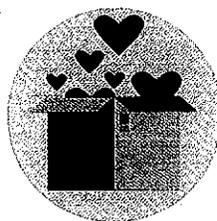
VISUALS TO EXPRESS CARE. For example, ribbons around trees or benches, planting flowers outside, or outdoor posters and banners to show support.

We will work to designate areas to place these visuals and safely take residents outside to show them these symbols of your support.



CARDS AND LETTERS with messages of support and updates on family members.

We are supplying paper, pens, envelopes and postage for residents to easily reply. If needed, we will write replies dictated by residents.



CARE PACKAGES that could include items such as photographs, cards, drawings, snacks, and entertainment (such as books, magazines, and puzzles).

We will establish a system for care package drop-offs that is safe and does not require entry into the facility.



RECORDED VIDEO MESSAGES to share via email or text message, if live-video chatting is not feasible.

We will help record outgoing messages and share incoming messages with residents.



DEDICATIONS on the in-house cable channel and intercom system.

We can 'dedicate' songs or share anecdotes via the intercom prior to broadcasting a movie or playing music. If your loved one has a favorite song, poem, movie or television show, please let us know.



"VISITS" through a glass window or a parade of cars.

We will make every effort to ensure residents are able to safely participate if scheduled in advance.

We encourage you to share additional ideas and creative ways we can work together to support our residents.

Please contact us with questions or suggestions:



Department: Nursing	Subject: Transferring Residents With Infectious Diseases
----------------------------	---

Admission	<p>5. Place resident in proper room/unit cohort based on potential to spread infection or become infected</p> <p>6. Notify the receiving unit/admitting assessment RN of the infectious status of the resident to facilitate proper infection control measure are planned for and followed by Nursing Team</p>
Transfer to the Hospital or Another Long Term Care Facility	
RN/ Social Worker	<ol style="list-style-type: none"> 1. When transferring a long term care (LTC) resident to a hospital or another LTC facility, prepare a transfer form and send it with the resident. 2. The transfer form should show pertinent clinical data including the resident's medical history, diagnoses, presenting signs and symptoms, status of infectious disease (particularly multiply resistant organisms), appropriate culture reports/data, and current antibiotic therapy. 3. Notify the admitting hospital or LTC facility by phone if laboratory data pertinent to the resident's clinical care is received after the resident's discharge. Such important information would include: • any abnormal blood work; • any positive culture report. 4. Inform the ambulance/ambulance in advance of any special precautions that need to be maintained due to the infectious status of the resident during transport.
Communication Between Facilities Post Transfer	
Infection Preventionist	<ol style="list-style-type: none"> 1. Assure that information that the resident had been exposed to an infectious disease outbreak in the LTC prior to transfer is made. 2. Notify the admitting facility when a multiply resistant organism, significant viral or other communicable disease is identified on a resident recently discharged from the facility. 3. The LTC facility should expect and request the same information of the facility from which the resident was transferred. This communication and cooperative action will permit both facilities to track the patients/residents to identify potential communicable disease exposure. 4. All information exchanged must be handled in a manner to maintain the resident's confidentiality of medical care and treatment.

Approval Date: Sept 12 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 2
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Policy

It is the policy of this company to provide its employees with a safe and healthful work environment. The purpose of this program is to reduce employee exposure to infectious agents in the workplace through the proper use of respirators during an influenza pandemic or other infectious respiratory disease emergency. Respiratory protection is provided at no cost to the employees.

This policy includes the implementation of this respiratory protection program as a means of providing the highest levels of protection to employees during an influenza pandemic, as defined by New York State Department of Health and OSHA Standard 29 CFR 1910.134. Specific details of this guidance appear in the Appendix.

Program Administration

The following individual has ultimate total and complete responsibility for the administration of the respiratory protection program:

Title: Infection Control Nurse – Nursing Department

This individual has the authority to act on all matters relating to the operation and administration of the respiratory protection program. All employees, operating departments, and service departments will fully cooperate. This person is referred to as the Respiratory Protection Program Administrator. This person will also be responsible for monitoring the ongoing and changing needs for respiratory protection.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 1
---------------------------------------	--------------------	--	----------------

Property of New Franklin - Do Not Duplicate

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Roles and Responsibilities:

Respiratory Protection Program Administrator (RPPA)

The Respiratory Protection Program Administrator is responsible for administering the respiratory protection program. Duties of the RPPA include:

- Identify work areas, processes, or tasks that require respiratory protection. For this model program, this means identifying patient care areas and other circumstances likely to present a pandemic influenza transmission risk.
- Monitor OSHA policy and standards for changes and make changes to agency's policy
- Select respiratory protection products.
- Monitor respirator use to ensure that respirators are used in accordance with their certification.
- Distribute and ensure completion of the medical clearance questionnaire (which may be completed online).
- Provide required information to the physician or other licensed health care provider who will do medical evaluations of respirator users
- Ensure that respirator users have received a medical evaluation and are medically qualified to use a respirator
- Evaluate any feedback information or surveys.
- Arrange for and/or conduct training and fit testing.
- Ensure proper storage and maintenance of respiratory protection equipment.
- Annually review the implementation of the program in consultation with employees and their representatives.

Supervisor

The RPPA may also serve as the supervisor for the respiratory protection program. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their units. Supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Knowing the hazards in the area in which they work.
 - Knowing types of respirators that need to be used.
- Ensuring the respirator program and worksite procedures are followed.
- Enforcing/encouraging staff to use required respirators.
- Ensuring employees receive training and medical evaluations.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 2
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

- Coordinating annual retraining and/or fit testing.
- Notifying the RPA with problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
- Ensure proper storage and maintenance of all respirators.

Employee

It is the responsibility of the employee to have an awareness of the respiratory protection requirements for their work areas (as explained by management). Employees are also responsible for wearing the appropriate respiratory protective equipment according to proper instructions and for maintaining the equipment in a clean and operable condition. Employees should also:

- Participate in all training.
- Maintain equipment.
- Report malfunctions or concerns.

Program Scope and Application

This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during routine work operations in the event of an influenza pandemic or other infectious respiratory disease emergency. Some of the types of work activities required to wear respirators are outlined in the table below.

WORK PROCESS	LOCATION	TYPE OF RESPIRATOR
DIRECT PATIENT CARE	PATIENT CARE AREAS	N95 – DISPOSABLE PAPR
HOUSEKEEPING / CLEANING	PATIENT CARE AREAS WHERE PANDEMIC/RESPIRATORY PATIENTS HAVE STAYED	N95 – DISPOSABLE PAPR

Identifying Work Hazards

The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with patients who could be infected with a potentially airborne infectious agent such as the influenza virus.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 3
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Respirator Selection

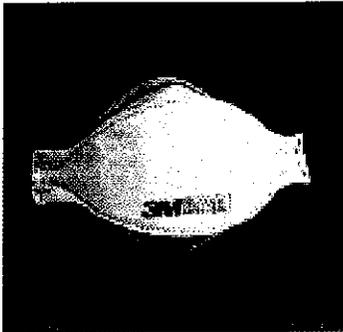
Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.

Check those in use at this facility:

- N95 respirators are available for patient contact/care.
- A powered air-purifying respirator (PAPR) is available for patient contact/care (if your facility has purchased or obtained one).

A PAPR may be selected for use if:

- The N95 respirator choice(s) does not fit;
- Employee has facial hair or facial deformity that would interfere with mask-to-face seal (facial hair such as a mustache must fit within the seal of the mask);
- The N95 respirator choice(s) are unavailable; or,
- Desired for high-risk aerosol-generating procedures

Respiratory Protection Equipment	
<p>Respirators: Respirators differ from surgical masks. They are designed specifically to ensure the capture of particles of the size that can be inhaled into the respiratory tract, including the entire range of nasopharyngeal, tracheobronchial, and alveolar-size particles.</p> <p>N95 Respirators: "N95" refers to respirators designed for non-oil based respiratory hazards which have an efficiency of 95% (stopping 95% of particles). The picture at right is a 3M Model 9210 N95 respirator (photos courtesy 3M Corp.)</p>	

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 4
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

PAPR (Powered Air Purifying Respirator):
 A respirator that provides cleaned air to the inside of a light-weight hood, purifying the air by means of a battery powered blower which pulls the air through a filter cartridge. PAPRs are worn by people who do not fit test to an N95 respirator, and by anyone with facial hair (which interferes with the seal needed for an N95).



Respirator Training and Fit Testing

Training

Workers will be trained prior to the use of a respirator, at least annually thereafter, and whenever supplemental training is deemed necessary by the Respiratory Protection Program Administrator, or when conditions in the workplace effecting respirator use change. Training will cover:

- Identifying hazards, potential exposure to these hazards, and health effects of hazards.
- Respirator fit, improper fit, usage, limitations, and capabilities for maintenance, usage, cleaning, and storage.
- Inspecting, donning, removal, seal check and trouble shooting.
- Explaining respirator program (policies, procedures, OSHA standard, resources).

Fit Testing

After the initial fit test, fit tests must be completed at least annually, or more frequently if there is a change in status of the wearer or if the employer changes model or type of respiratory protection (see below). OSHA Respiratory Protection Standard 29 CFR 1910.134 applies to all exposed workers. This template will be changed to reflect the most current OSHA regulations as new information becomes available.

The fit testing procedure appears in Appendix A to this program. Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. Fit testing is required for tight fitting respirators.

Fit tests will be conducted:

1. Prior to being allowed to wear any respirator.
2. If the facility changes respirator product.
3. If the employee changes weight by 10% or more, or if the employee has changes in facial structure or scarring.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 5
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

4. If the employee reports that a respirator that previously passed a fit test is not providing an adequate fit
5. If the RPPA, PLHCP or other supervisor notices a change in employee that would require an additional fit-test as OSHA standards require.
6. Annually

Fit testing will not be done on employees with facial hair that passes between the respirator seal and the face or interferes with valve function. Such facial hair includes stubble, beards, and long sideburns. Optional: if a facility is using PAPRs: If it is determined that an individual cannot obtain an adequate fit with any tight-fitting respirator, a loose-fitting powered air purifying respirator may be provided instead.

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 6
---------------------------------------	--------------------	--	----------------

Department: Infection Control

Subject: Respiratory Protection Program

Medical Evaluation

Persons assigned to tasks that require respiratory protection during an influenza pandemic or other respiratory disease pandemic must be physically and psychologically able to perform the tasks while wearing a respirator.

Employees who are required to wear respirators during a pandemic or infectious respiratory disease emergency must participate in a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until receiving medical clearance according to the process identified below.

A mandatory medical evaluation questionnaire **must be used and reviewed by the physician or other licensed healthcare professional (PLHCP)** specified below by the employer, or a medical evaluation with the same content must be provided by a PLHCP. If the PLHCP deems it necessary, the employee will receive an examination. The purpose of the medical evaluation is to determine if the employee is physically and psychologically able to perform the assigned work while wearing the respiratory protective equipment. Medical clearance should occur prior to fit testing.

The medical evaluation may be kept with the PLHCP or with the employee's medical record. It should not be kept in an employee's personnel file.

Designated Physician or Other Licensed Healthcare Professional Currently Affiliated with the Facility/Employer (PLHCP)

A physician will determine individual medical clearance by a medical questionnaire and/or medical exam. A medical evaluation questionnaire is provided in Appendix C for use by the PLHCP. A standardized memo requesting evaluation is provided in Appendix D.

The medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in Appendix C. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, the facility will assist employees who are unable to read the questionnaire by providing the questionnaire in alternate languages. When this is not possible, the employee will be sent directly to the medical practitioner for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out. Employees will be provided with a stamped envelope or secure email addressed to the PLHCP, as well as the number for the PLHCP if the employee wishes to discuss the questionnaire. The employee will complete the questionnaire and submit the

<p>Approval Date: Sept 14 2020</p>	<p>Supersedes:</p>	<p>Distribution: Medical Admin Nursing Admissions</p>	<p>PAGE: 7</p>
---	---------------------------	--	-----------------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

questionnaire via mail to the PLHCP. Employees will be permitted to fill out the questionnaire on company time.

- Follow-up medical exams will be granted to employees as required by this program, and/or as deemed necessary by the medical practitioner.
- All employees will be granted the opportunity to speak with the medical practitioner about their medical evaluation if they so request. Re-evaluation will be conducted under these circumstances:
 - Employee reports physical symptoms that are related to the ability to use a respirator, (e.g., wheezing, shortness of breath, chest pain, etc.)
 - It is identified that an employee is having a medical problem during respirator use.
 - The healthcare professional performing the evaluation determines an employee needs to be reevaluated.
 - A change occurs in the workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and physician.

Proper Respirator Use:

General Use

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by its manufacturer.

All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.

All employees shall leave a potentially contaminated work area to clean (PAPR) or change (N95 - disposable) their respirator if the respirator is impeding their ability to work. This means employees shall leave the contaminated area:

- If increased breathing resistance of the respirator is noted.
- If severe discomfort in wearing the respirator is detected.
- Upon illness of the respirator wearer, including sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever and chills.
- To wash face to prevent skin irritation.

Additionally, employees will be required to immediately leave the contaminated or infected area:

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 8
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

- Upon malfunction of the respirator such as a reduction in air flow of a PAPR.
- Upon detection of leakage of contaminant into the respirator.
- Breathing through the respirator becomes more difficult.

Cleaning and Disinfecting

N95 – disposable: Discard after use. Discard if soiled, if breathing becomes more difficult, or if structural integrity is compromised. If patient is under Contact Precautions (e.g., MRSA, CRE, smallpox), discard the respirator after use with that patient.

PAPRs – *[Cleaning and disinfection differ based on brand and manufacturer. Clean according to the manufacturer's instructions. Include those instructions here for the models used in each facility.]*

Respirator Reuse

Disposable N95 respirators are not designed for reuse. However, concern about potential shortages of N95s during a pandemic has forced consideration of respirator reuse. The Center for Disease Control recommendation for extended use of PPE during a pandemic can be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. The Facility will adhere to CDC and State guidance for strategies regarding the use and conservation of PPE during pandemic outbreaks.

Recommendation 1: Avoiding Contamination Will Allow for Limited Reuse. If an individual user needs to reuse his or her own disposable N95 respirator, the committee recommends that it be done in the following manner:

- Protect the respirator from external surface contamination when there is a high risk of exposure to influenza (i.e., by placing a medical mask or cleanable face shield over the respirator so as to prevent surface contamination but not compromise the device's fit).
- Use and store the respirator in such a way that the physical integrity and efficacy of the respirator will not be compromised.
- Practice appropriate hand hygiene before and after removal of the respirator and, if necessary and possible, appropriately disinfect the object used to shield it.

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 9
---------------------------------------	--------------------	--	----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Respirator Inspection, Maintenance, and Storage:

Inspection

All types of respirators should be inspected prior to use.

N95 – disposable:

1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
2. Check the respirator straps to be sure they are not cut or otherwise damaged.
3. Make sure the metal nose clip is in place and functions properly (if applicable).
4. Disposable respirators are not to be stored after use. They are to be discarded.

PAPR: IF USED BY THE FACILITY

1. Check battery level.
2. Inspect the breathing tube and body of the respirator, including the High Efficiency Particulate Air (HEPA) filter, if visible, for damage.
3. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Protection Program Administrator).
4. Check for airflow prior to use.
5. Follow manufacturer’s recommendations on maintenance, including battery recharging.

Repair

During cleaning and maintenance, respirators that do not pass inspection will be removed from service and will be discarded or repaired. Repair of the respirator must be done with parts designed for the respirator in accordance with the manufacturer’s instructions before reuse. No attempt will be made to replace components or adjust, modifications or repairs beyond the manufacturer’s recommendation.

Storage

Respirators not discarded after one shift use will be stored in a location where they are protected from sunlight, dust, heat, cold, moisture, and damaging chemicals.

Evaluating and Updating the Program

The Respiratory Protection Program Administrator will complete an annual evaluation of the respiratory protection program. She or he will:

- Evaluate any feedback from employees.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 10
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

- Review any new hazards, case definitions, or other pandemic influenza guidance from public health agencies, or changes in policy that would require respirator use.
- Make recommendations for any changes needed in the respiratory protection program.

APPENDICES

APPENDIX A: Fit Test Procedure

Fit test procedures should be consistent with the fit testing equipment being used. Please consult the manufacturer's instructions for fit test procedures.

Fit testing equipment is usually sold in kits, with the ability to purchase individual components of the kit as specific supplies dwindle. Components typically include:

- A harmless chemical used to allow each respirator's wearer to test the seal of their respirator.
- A means of dispensing or vaporizing a mist of that chemical, and,
- A hood in which the fit test can be performed.

Fit test kits are sold by occupational health and safety companies such as 3M.

APPENDIX B: Recommendations on Preparing for a Pandemic

With the recent COVID 19 Pandemic and 2009 H1N1 swine flu outbreak, and the ever important need to prepare for a serious pandemic in a long-term care facility we take the following steps:

- Develop a facility specific pandemic plan in accordance with State and CDC guidance(Refer to Facility Emergency Preparedness Plan)
- Procure and stockpile surgical masks for potentially infectious patients and visitors, and N95 respirators for all staff coming in direct contact with patients. Facilities should follow current guidance of a minimum of four N95 respirators per staff person per eight-hour shift.
- Implement, or be prepared to implement a respiratory protection program, as outlined in this document.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 11
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

APPENDIX C: Medical Evaluation Questionnaire

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (check one): Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

PART A - SECTION 1 (MANDATORY)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (check one): Male Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the healthcare professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (check one): Yes No
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non- cartridge type only). **N95 for Healthcare**
 - b. Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus). **Powered air-purifying respirator**
12. Have you worn a respirator (check one): Yes No

If "yes," what type(s): _____

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 12
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

PART A - SECTION 2 (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "Yes" or "No").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever had any of the following conditions?		
a. Seizures (fits):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Diabetes (sugar disease):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Allergic reactions that interfere with your breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Claustrophobia (fear of closed-in places):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Trouble smelling odors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever had any of the following pulmonary or lung problems?		
a. Asbestosis:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Asthma:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Chronic bronchitis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Emphysema:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Pneumonia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Tuberculosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Silicosis:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Pneumothorax (collapsed lung):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Lung cancer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Broken ribs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Any chest injuries or surgeries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Any other lung problem that you've been told about:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have to stop for breath when walking at your own pace on level ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Shortness of breath when washing or dressing yourself:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Shortness of breath that interferes with your job:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Coughing that produces phlegm (thick sputum):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Coughing that wakes you early in the morning:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Coughing that occurs mostly when you are lying down:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Coughing up blood in the last month:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. Wheezing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. Wheezing that interferes with your job:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m. Chest pain when you breathe deeply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n. Any other symptoms that you think may be related to lung problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 13
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

PART A - SECTION 2 (CONTINUED)

5. Have you ever had any of the following cardiovascular or heart problems?		
a. Heart attack:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Stroke:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Angina:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Heart failure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Swelling in your legs or feet (not caused by walking):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Heart arrhythmia (heart beating irregularly):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. High blood pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Any other heart problem that you've been told about:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Pain or tightness in your chest during physical activity:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Pain or tightness in your chest that interferes with your job:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. In the past two years, have you noticed your heart skipping or missing a beat:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Heartburn or indigestion that is not related to eating:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other symptoms that you think may be related to heart or circulation problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you currently take medication for any of the following problems?		
a. Breathing or lung problems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Heart trouble:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Blood pressure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Seizures (fits):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If you have used a respirator, have you ever had any of the following problems? (If you have never used a respirator, check the following space and go to question 9)		
a. Eye irritation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Skin allergies or rashes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Anxiety:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. General weakness or fatigue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Any other problem that interferes with your use of a respirator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
10. Have you ever lost vision in either eye (temporarily or permanently):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Do you currently have any of the following vision problems?		
a. Wear contact lenses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Wear glasses:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Color blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Any other eye or vision problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever had an injury to your ears, including a broken eardrum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Wear a hearing aid:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Any other hearing or ear problem:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 14
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

PART A - SECTION 2 (CONTINUED)

14. Have you ever had a back injury:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Back pain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Difficulty fully moving your arms and legs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Pain or stiffness when you lean forward or backward at the waist:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Difficulty fully moving your head up or down:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Difficulty fully moving your head side to side	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Difficulty bending at your knees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Difficulty squatting to the ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. Any other muscle or skeletal problem that interferes with using a respirator:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 15
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

APPENDIX D: Request for Medical Evaluation (*Patient Care Staff*)

MEMORANDUM

To whom it may concern:

From: (*Respiratory Protection Program Administrator*)

Date:

Re: Medical evaluation for respirator use

_____ (Employee name), an employee of _____ (Facility name) is required to wear a respirator at work during an influenza pandemic or other infectious respiratory disease emergency. The employer requests that you provide this employee with a medical evaluation that meets the requirements outlined in OSHA

We have provided you with this portion of the Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use:

- a. The type and weight of the respirator that will be used: N95-disposable, or powered air-purifying respirator (PAPR) with loose-fitting head covering.
- b. The duration and frequency of the respirator use: routine patient care activities performed at the bedside in a skilled nursing facility.
- c. The expected physical work effort: moderate work effort for up to 30 minutes at a time. This includes turning patients, feeding patients, and other patient care tasks typically performed while standing.
- d. Occasional brief heavy work effort (lifting and transferring patients) may also be required.
- e. Additional protective clothing and equipment that may be worn: gown and gloves.
- f. Temperature and humidity extremes experienced during work: none.

We request that you provide a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 16
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

APPENDIX E: Request for Medical Evaluation (Housekeeping Staff)

MEMORANDUM

To whom it may concern:

From: (Respiratory Protection Program Administrator)

Date:

Re: Medical evaluation for respirator use

_____ (Employee name), an employee of _____ (Facility name) is required to wear a respirator at work during an influenza pandemic or other infectious respiratory disease emergency. The employer requests that you provide this employee with a medical evaluation that meets the requirements outlined in OSHA Title

We have provided you with this portion of the Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use:

- a. The type and weight of the respirator that will be used: N95-disposable, or powered air-purifying respirator (PAPR) with loose-fitting head covering.
- b. The duration and frequency of the respirator use: housekeeping activities performed in patient care areas and other areas at a skilled nursing facility.
- c. The expected physical work effort: moderate work effort for up to 30 minutes at a time. This includes cleaning floors and surfaces, typically performed while standing. Occasional brief heavy work effort (lifting and transferring supplies) may also be required.
- d. Additional protective clothing and equipment that may be worn: gloves.
- e. Temperature and humidity extremes experienced during work: none.

We request that you provide a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 17
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

APPENDIX F: Fit Test Record

FIT TEST RECORD	
Name of respirator user/employee:	
Test Date:	
Position Title:	
Department:	
Location:	
Challenge Agent Used:	
<input type="checkbox"/> Isoamyl Acetate	<input type="checkbox"/> Saccharin
<input type="checkbox"/> Bitrex	
Respirator Make:	
<input type="checkbox"/> Survivair	<input type="checkbox"/> North
<input type="checkbox"/> MSA	<input type="checkbox"/> Racal
<input type="checkbox"/> 3M	<input type="checkbox"/> Moldex
<input type="checkbox"/> Wilson	
Other:	
Respirator Model:	
Respirator Size:	

Additional PPE
Worn:
Comments:

PASS / FAIL
Next fit-test due:

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 18
--------------------------------	-------------	---	----------

Property of New Franklin - Do Not Duplicate

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

APPENDIX G: Related Guidance for Pandemic Planning

The following is an excerpt from OSHA Guidance 3328-05, 2007. It is provided for information purposes only, not to define policy under this MRPP. "HHS" refers to the United States Department of Health and Human Services. 2007 CDC and HICPAC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

PERSONAL PROTECTIVE EQUIPMENT:

Gloves

HHS recommends the use of gloves made of latex, vinyl, nitrile, or other synthetic materials as appropriate, when there is contact with blood and other bodily fluids, including respiratory secretions.

- There is no need to double-glove.
- Gloves should be removed and discarded after patient care.
- Gloves should not be washed or reused.
- Hand hygiene should be done after glove removal.

Because glove supplies may be limited in the event of a pandemic or infectious outbreak, other barriers such as disposable paper towels should be used when there is limited contact with respiratory secretions, such as handling used facial tissues. Hand hygiene should be practiced consistently in this situation.

Gowns

Healthcare workers should wear an isolation gown when it is anticipated that soiling of clothes or uniform with blood or other bodily fluids, including respiratory secretions, may occur.

- Isolation gowns can be disposable and made of synthetic material or reusable and made of washable cloth.
- Gowns should be the appropriate size to fully cover the areas requiring protection.
- After patient care is performed, the gown should be removed and placed in a laundry receptacle or waste container, as appropriate. Hand hygiene should follow.

<https://www.cdc.gov/HAI/prevent/ppe.html>

Goggles/Face Shields

Goggles/Face shields should be used if sprays or splatters of infectious material are
For additional information about eye protection for infection control, visit NIOSH's website at

<http://www.cdc.gov/niosh/topics/eye/eye-infectious.html>

<https://www.cdc.gov/HAI/prevent/ppe.html>

*For patients suspected or known to have diseases requiring Droplet Precautions, CDC and HICPAC report that infection has occurred at distances greater than 3 feet. Thus, CDC and HICPAC state that observing Droplet Precautions at a distance up to 6 or 10 feet or upon entry into the patient's room may be prudent. Eye and face protection should be used in this situation, as well as during the performance of aerosol-generating procedures.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 19
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Respiratory Protection for Pandemic

While droplet transmission is likely to be the major route of exposure for pandemic influenza and Covid 19 it may not be the only route. Given the potential severity of health consequences (illness and death) associated with a pandemic, a comprehensive pandemic preparedness plan should also address airborne transmission to ensure that healthcare workers are protected against all potential routes of exposure. Establishment of a comprehensive respiratory protection program with all the elements specified in OSHA's Respiratory Protection standard (29 CFR 1910.134) is needed to achieve the highest levels of protection. Additional information on the Respiratory Protection standard is included in Appendix C in this document.

Healthcare workers are at risk of exposure to airborne infectious agents, including influenza. For some types of aerosol transmissible diseases (ATD) healthcare workers are not only at risk for illness but may become a potential source of infection to patients and others. Selection of appropriate respiratory PPE requires an understanding of the airborne infectious agents, their infectious and aerodynamic properties, the operating characteristics of the PPE, and the behaviors and characteristics of the healthcare workers using the PPE. Many different types of respiratory PPE are available to protect healthcare workers, each with a different set of advantages and disadvantages.

There will continue to be uncertainty about the modes of transmission until the actual pandemic infectious agent emerges. It is expected that there will be a worldwide shortage of respirators when a pandemic occurs. Employers and employees should not count on obtaining any additional protective equipment not already purchased and stockpiled. Therefore, it is important for healthcare facilities to consider respiratory protection for essential personnel to assure that employees are ready, willing, and able to care for the general population.

Surgical Masks and Respirators

Although some disposable respirators look like surgical masks, it is important that healthcare workers understand the significant functional difference between disposable respirators and surgical masks.

Respirators are designed to reduce an individual's exposure to airborne contaminants, such as particles, gases, or vapors. An air-purifying respirator accomplishes this by filtering the contaminant out of the air before it can be inhaled by the person wearing the respirator. A type of respirator commonly found in health-care workplaces is the filtering face piece particulate respirator (often referred to as an "N95"). It is designed to protect against particulate hazards. Since airborne biological agents such as bacteria or viruses are particles, they can be filtered by particulate respirators. To assure a consistent level of performance, the respirator's filtering efficiency is tested and certified by NIOSH.

In comparison, surgical masks are not designed to prevent inhalation of airborne contaminants. Their ability to filter small particles varies greatly and cannot be assured to protect healthcare workers against airborne infectious agents. Instead, their purpose is to prevent contamination of a sterile field or work environment by trapping bacteria and respiratory secretions that are expelled by the wearer (i.e., protecting the patient against infection from the healthcare worker). Surgical masks are also used as a physical barrier to protect the healthcare worker from hazards such as splashes of blood or bodily fluids. When both fluid protection (e.g., blood splashes) and respiratory protection are needed, a "surgical N95" respirator can be used. This respirator is approved by FDA and certified by NIOSH.

Another important difference in protecting health-care workers from airborne infectious agents is the way respirators and surgical masks fit the user's face. Respirators are designed to provide a tight seal between the sealing surface of the respirator and the person's face. A proper seal between the user's face and the respirator forces inhaled air to be pulled through the respirator's filter material and not through gaps between the face and

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 20
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

respirator. Surgical masks, however, are not designed to seal tightly against the user's face. During inhalation, potentially contaminated air can pass through gaps between the face and the surgical mask, thus avoiding being pulled through the material of the mask and losing any filtration that it may provide.

Current recommendations for reuse of respirators, which are based on assumptions that there will be respirator shortages, call for allocating four respirators per employee per eight-hour shift. This means reuse of respirators may be permitted during a pandemic as designated by CDC and State guidance. However, respirators should not be reused if a patient has a contact-transmitted disease (such as methicillin-resistant staphylococcus aureus, or vancomycin-resistant enterococcus).

APPENDIX H: References

- **CDC Strategies to Optimize the Supply of PPE and Equipment**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- **CDC Healthcare-associated Infections**
<https://www.cdc.gov/hai/prevent/prevention.html>
- **CDC Pandemic Influenza**
<http://www.pandemicflu.gov/plan/healthcare/maskguidancehc.html>.
- **NIOSH Respiratory Protection Program**
<http://www.cdc.gov/niosh/topics/respirators/>
- **Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers**
<https://www.osha.gov/Publications/3328-05-2007-English.html>
- **OSHA Toolkit**
<file:///C:/Users/GNY/Desktop/OSHA3767%20Hospital%20Respiratory%20Protection%20Toolkit.pdf>

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 21
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Appendix I: Respirator Training/Qualitative Fit Testing Program

This outline contains all of the required teaching elements. The right column represents those points that should be provided to staff as part of training and fit testing.

RESPIRATOR TRAINING/QUALITATIVE FIT TESTING PROGRAM

OSHA regulations require employers to train and fit test employees who use respiratory protection during their workday. OSHA requires that each employee must be medically evaluated before the employee is fit tested.

This program was developed for use during an influenza pandemic or other infectious respiratory disease emergency. It is not intended for routine use or to protect employees from hazardous materials.

Using this document:

- The **left column** (program components) is **for your information only**.
- The **right column** (the curriculum) contains **all the teaching points you need to train and fit test**. It is your curriculum. It also appears separately at the end of this document for easy copying, without the other columns.
- The **middle column** contains **background information and references to other materials** to support training.

Program Components per OSHA	Resources and Program Implementation	Training/Fit Testing Program: The Curriculum
1. Maintain a written respiratory protection program with worksite specific procedures for fit testing and training.	<ul style="list-style-type: none"> ▪ See Respiratory Protection Program document. ▪ The program as policy at your facility; designate a program administrator; determine which approach you'll use for medical clearance (see below, and see the Respiratory Protection Program). 	
2. OSHA requires that each employee must be medically evaluated before the employee is fit tested.	Employees using respirators must receive medical clearance. This can be done using through an employer's occupational health provider	
3. Provide instruction on the respiratory hazards to which the workers are potentially exposed during routine and emergency situations.		<ul style="list-style-type: none"> ▪ Employees are being trained in the use of respirators to provide protection from the influenza virus during an emergency known as a pandemic, which represents a communicable disease risk. ▪ Correctly wearing an N95 respirator decreases the risk of acquiring influenza and other communicable respiratory diseases. ▪ This program is not designed

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 22
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

		to provide protection for specific hazardous substances.
--	--	--

Program Components per OSHA	Resources and Program Implementation	Training/Fit Testing Program: The Curriculum
<p>4. Provide instruction on the uses and limitations of all respirators worn in the work area, including informing employees how to recognize medical signs and symptoms that may limit or prevent the effective use of the respirators.</p>	<p>The easiest way to review the uses and limitations of the respirator is to <i>read the respirator instructions that come with each respirator package</i>. The NIOSH approval label also provides some of this information.</p> <p>This training assumes that there are no engineering controls to limit the spread of pandemic influenza (such as reverse isolation rooms). Instead, the administrative controls outlined in the CAHF Model Respiratory Protection Program should be reviewed.</p>	<ul style="list-style-type: none"> • All respirators have use limitations. There is not one all-purpose respirator. • The selected the respirators for our work environment on which personnel will be trained: these are N95 respirators designed for healthcare, not for working with hazardous materials, cleaning up bleach spills, or other purposes. • Respirators are to be worn when performing patient care duties during an influenza pandemic or other respiratory disease emergency; your supervisor will tell you when these conditions exist. • Respirators are to be worn as part of a comprehensive Respiratory Protection Program, which provides additional administrative controls to limit the spread of disease. • If you have facial hair, do not use the N95 respirator. • If the respirator malfunctions, the employee will exit the contaminated area (that is, the patient's room). Malfunctioning includes a strap breaking or the respirator becoming clogged. • If you are feeling light-headed, dizzy, or having difficulty breathing through your respirator, exit the contaminated area and remove the respirator. • The effects of improper respirator fit, usage or maintenance can include the respirator failing to protect the employee from the flu virus or other airborne infectious hazards.
<p>5. Instruct and demonstrate to employees how to properly don and adjust any respirators worn according to the manufacturers' instructions.</p>	<p>Written instructions are provided in respirator packaging.</p>	<ul style="list-style-type: none"> • Demonstrate how to properly don and adjust respirators: <ul style="list-style-type: none"> ○ Top strap across the crown of your head. ○ Bottom strap across the neck, underneath hair. ○ Fit the metal nose clip using both index fingers, not the index finger and thumb. ○ Remove the respirator by removing the bottom strap, then the top strap. • Persons who wear surgical masks or respirators should be advised that a Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 23
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

		<ul style="list-style-type: none"> To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used. Wearing a surgical mask or respirator incorrectly, or removing or disposing of it improperly, could allow contamination of the hands or mucous membranes of the wearer or others, possibly resulting in disease transmission
Program Components per OSHA	Resources and Program Implementation	Training/Fit Testing Program: The Curriculum
		<ul style="list-style-type: none"> Proper surgical mask or respirator use and removal includes the following: Prior to putting on a respirator or surgical mask, wash hands thoroughly with soap and water or use an alcohol-based hand sanitizer to reduce the possibility of inadvertent contact between contaminated hands and mucous membranes. If worn in the presence of infectious persons, a respirator or surgical mask may become contaminated with infectious material; therefore, avoid touching the outside of the device to help prevent contamination of hands. Once worn in the presence of a patient with pandemic influenza, the surgical mask or disposable N95 respirator should be removed and appropriately discarded. After the surgical mask or respirator has been removed and discarded, wash hands thoroughly with soap and water, or use an alcohol-based hand sanitizer.
6. Allow the employees an opportunity to practice these procedures	The employees must be medically evaluated before donning the respirator and being fit tested. Medical evaluation is discussed in depth in the Model Respiratory Protection Program	<ul style="list-style-type: none"> Once proper donning and adjustment procedures have been demonstrated, each employee will complete the same procedure as the trainer talks the employee through the directions.
7. Provide user seal check instructions	These materials also support this training step: Check with your manufacturer for video or DVD instructions. Written instructions are provided in most respirator packaging.	<ul style="list-style-type: none"> At this point, all employees should be wearing a respirator. Instruct the employees on how to conduct a user seal check. A user seal check is a method of determining if the respirator has been put on properly and has been fitted properly. A user seal check must be conducted each time the respirator is put on. (User seal checks are sometimes referred to as positive pressure and negative pressure fit checks.) <ul style="list-style-type: none"> Seal check the respirator by holding your cupped hands in front of the mask: <ul style="list-style-type: none"> Inhale, and feel the suction. Exhale gently and feel the mask expand.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 24
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

		<ul style="list-style-type: none"> ○ If these don't happen, the mask is not tightly sealed. ● When the employees have completed the user seal check procedure, the instructor should ask, "Does anyone feel any leakage around the seal of the respirator?" If so, the wearer should review donning instructions, make adjustments to the fit, and perform the user seal check again. If a proper fit cannot be accomplished, the wearer must select another respirator and repeat the user seal check procedure.
--	--	---

Program Components per OSHA	Resources and Program Implementation	Training /Fit Testing Program: The Curriculum
8. Fit test each employee to be assigned a respirator.	<ul style="list-style-type: none"> ● Do not fit test anyone with facial hair that touches the seal/boundary of the respirator. This includes full beards. ● Use of the PAPR does not require fit testing because it is a loose-fitting device. ● Fit testing must be conducted according to the manufacturer's instructions included with the Qualitative Fit Test kit. ● Employees unable to pass the fit test must be provided with an alternate respirator. Note that different respirator models fit differently shaped faces. 	<ul style="list-style-type: none"> ● Fit test the employees for each type of respirator to be used. Make a note of the model the employee successfully fit tests in and record this in your records.
9. Instruct the employees in the procedures for the maintenance and storage of the respirators being used.	<ul style="list-style-type: none"> ● Respirators should be stored in a clean, dry area not exposed to extreme heat or cold. ● See manufacturer's instructions for PAPRs. 	<ul style="list-style-type: none"> ● N95 respirators are disposable and should be thrown away if they are damaged. ● If storing an N95, store it in a paper bag, not a plastic bag. ● Do not leave used respirators lying around it
10. Document the successful completion of training and fit testing for all employees wearing respirators	<ul style="list-style-type: none"> ● Record keeping should include when fit testing and respirator medical evaluations were last done. ● A sample record sheet appears below. 	<ul style="list-style-type: none"> ●

TEACHING AND REFERENCE POINTS: THE 3M AIRMATE PAPR IF USED AT FACILITY

These points are intended as reminders and references, and do not take the place of manufacturer's instructions! Note that not all facilities will be using the AirMate or 3M equipment.

- The PAPR uses a HEPA filter (equivalent to an N100 respirator) and a blower.
- The battery needs to be installed properly, with the metal contact points properly aligned and the battery locking tab clicked into place.
- Test the air flow using the flow tester before donning the PAPR: the flow tester should float with two lines visible at the top of the hose. And do not lose the air flow tester!
- Turn on the blower before donning the hood.
- Once donned, check the air flow in the PAPR by fogging the facepiece – it should quickly clear.
- No fit testing is required with a PAPR.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 25
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

- Clean the facepiece with soap/water or 2% bleach solution. Clean the breathing tube similarly. Do not immerse the blower assembly or use solvents to clean.

- Managing battery charge is the biggest challenge:
 - When you first receive the device, charge the battery for 12 – 18 hours.
 - Charge the battery at least once every six months.
 - One charge is good for about eight hours of continuous use.
 - Do not leave the batteries connected to the charger for more than 30 days.

- Recommended hood reuse (assuming no contact precautions are in effect): use one hood per caregiver per patient; discard the hood when the patient is discharged. Write the caregiver's name on each hood.

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 26
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

Property of New Franklin - Do Not Duplicate

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 28
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

TRAINING/FIT TESTING PROGRAM: THE CURRICULUM

Respiratory hazards

- Employees are being trained in the use of respirators to provide protection from the influenza virus and any other respiratory infection as per CDC and WHO during an emergency known as a pandemic, which represents a communicable disease risk.
- Correctly wearing an N95 respirator decreases the risk of acquiring influenza and other communicable respiratory diseases.
- This program is not designed to provide protection for specific hazardous substances.

Limitations of respirators

- All respirators have use limitations. There is not one all-purpose respirator.
- The selected respirators for this specific work environment on which you will be trained: these are N95 respirators designed for healthcare, not for working with hazardous materials, cleaning up bleach spills, or other purposes.
- Respirators are to be worn when performing patient care duties during an influenza pandemic or other respiratory disease emergency; your supervisor will tell you when these conditions exist.
- Respirators are to be worn as part of a comprehensive Respiratory Protection Program, which provides additional administrative controls to limit the spread of disease.
- If you have facial hair, do not use the N95 respirator.
- If the respirator malfunctions, the employee will exit the contaminated area (that is, the patient's room). Malfunctioning includes a strap breaking or the respirator becoming clogged.
- If you are feeling light-headed, dizzy, or having difficulty breathing through your respirator, exit the contaminated area and remove the respirator.
- The effects of improper respirator fit, usage or maintenance can include the respirator failing to protect the employee from the flu virus or other airborne infectious hazards.

Putting the respirator on, taking it off

- Demonstrate how to properly don and adjust respirators:
 - Top strap across the crown of your head.
 - Bottom strap across the neck, underneath hair.
 - Fit the metal nose clip using both index fingers, not the index finger and thumb.
 - Remove the respirator by removing the bottom strap, then the top strap.
- Persons who wear surgical masks or respirators should be advised that:
 - Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene.
 - To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used.
- Persons who wear surgical masks or respirators should be advised that:
- Surgical mask or respirator use should not take the place of preventive interventions, such as respiratory etiquette and hand hygiene.
- To offer protection, surgical masks and respirators must be worn correctly and consistently throughout the time they are used.

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 29
---------------------------------------	--------------------	--	-----------------

Department: Infection Control	Subject: Respiratory Protection Program
--------------------------------------	--

- Wearing a surgical mask or respirator incorrectly, or removing or disposing of it improperly, could allow contamination of the hands or mucous membranes of the wearer or others, possibly resulting in disease transmission.
- Proper surgical mask or respirator use and removal include the following:
 - Prior to putting on a respirator or surgical mask, wash hands thoroughly with soap and water or use an alcohol-based hand sanitizer to reduce the possibility of inadvertent contact between contaminated hands and mucous membranes.
 - If worn in the presence of infectious persons, a respirator or surgical mask may become contaminated with infectious material; therefore, avoid touching the outside of the device to help prevent contamination of hands.
 - Once worn in the presence of a patient with patient with pandemic influenza or identified pandemic respiratory infection, the surgical mask or disposable N95 respirator should be removed and appropriately discarded.
 - After the surgical mask or respirator has been removed and discarded, wash hands thoroughly with soap and water or utilize ABHS
- Practice putting the respirator on
- Once proper donning and adjustment procedures have been demonstrated, each employee will complete the same procedure as the trainer talks the employee through the directions.
- Perform the seal check
 - At this point, all employees should be wearing a respirator. Instruct the employees on how to conduct a user seal check. A user seal check is a method of determining if the respirator has been put on properly and has been fitted properly. A user seal check must be conducted each time the respirator is put on. (User seal checks are sometimes referred to as positive pressure and negative pressure fit checks.)
 - Seal check the respirator by holding your cupped hands in front of the mask:
 - Inhale, and feel the suction.
 - Exhale gently and feel the mask expand.
 - If these do not happen, the mask is not tightly sealed.
- When the employees have completed the user seal check procedure, the instructor should ask, "Does anyone feel any leakage around the seal of the respirator?" If so, the wearer should review donning instructions, adjust the fit, and perform the user seal check again. If a proper fit cannot be accomplished, the wearer must select another respirator and repeat the user seal check procedure.

Fit Testing

- Fit test the employees for each type of respirator to be used (e.g., model 8210, 8200, etc.). Make a note of the model the employee successfully fit tests in, as you will be recording this in your records.
 - N95 respirators are disposable and should be thrown away if they are damaged.
 - If storing an N95, store it in a paper bag, not a plastic bag.
- Do not leave used respirators lying around – it violates OSHA regulations! Fit test the employees for each type

Approval Date: Sept 14 2020	Supersedes:	Distribution: Medical Admin Nursing Admissions	PAGE: 30
---------------------------------------	--------------------	--	-----------------

POLICY: The facility will report suspected or confirmed communicable diseases as mandated under the New York State Sanitary Code (10 NYCRR 2.10), as well as by 10 NYCRR 415.19. Any outbreak or significant increase in nosocomial infections above the norm or baseline in nursing home residents or employees must be reported to NYSDOH.

The following Staff Members have access to the NORA and HERDS surveys: Administrator, Director of Nursing, Infection Preventionist, and Assistant Director of Nursing. Should a change in staffing occur, the replacement staff member will be provided with log in access and Training for the NORA and HERDS Survey

GENERAL INFORMATION:

Reporting be done electronically via the Nosocomial Outbreak Reporting Application (NORA). Alternately, facilities may fax an Infection Control Nosocomial Report Form (DOH 4018) on the DOH public website.

Facilities are expected to conduct surveillance that is adequate to identify background rates and detect significant increases above those rates. Healthcare associated infection outbreaks may also be reported to the LHD.

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).

A single case of a reportable communicable disease or any unusual disease (defined as a newly apparent or emerging disease or syndrome that could possibly be caused by a transmissible infectious agent or microbial toxin) must be reported to the local health department (LHD) where the patient/resident resides. In addition, if the reportable communicable disease is suspected or confirmed to be acquired at the NYSDOH regulated Article 28 nursing home, it must also be reported to the NYSDOH. This can be done electronically via the NORA, or, by faxing an Infection Control Nosocomial Report Form (DOH 4018).

Reports must be made to the local health department in the county in which the facility is located (as the resident's place of residence) and need to be submitted within 24 hours of diagnosis. However, some diseases warrant prompt action and should be reported immediately by phone.

Categories and examples of reportable healthcare-associated infections include:

Approval Date: 9/4/2020	Supersedes:	Distribution: All Departments	PAGE: Page 1 of 3
Implementation Date: 9/4/2020			

- An outbreak or increased incidence of disease due to any infectious agent (e.g. staphylococci, vancomycin resistant enterococci, Pseudomonas, Clostridioides difficile, Klebsiella, Acinetobacter) occurring in residents or in persons working in the facility.
- Intra-facility outbreaks of influenza, gastroenteritis, pneumonia, or respiratory syncytial virus.
- Foodborne outbreaks.
- Infections associated with contaminated medications, replacement fluids, or commercial products.
- Single cases of healthcare-associated infection due to any of the diseases on the Communicable Disease Reporting list. For example, single cases of nosocomial acquired Legionella, measles virus, invasive group A beta hemolytic Streptococcus.
- A single case involving Staphylococcus aureus showing reduced susceptibility to vancomycin.
- Clusters of tuberculin skin test conversions.
- A single case of active pulmonary or laryngeal tuberculosis in a nursing home resident or employee.
- Increased or unexpected morbidity or mortality associated with medical devices, practices or procedures resulting in significant infections and/or hospital admissions.
- Closure of a unit or service due to infections.
- Additional information for making a communicable disease report:
 - The facility can contact their NYSDOH regional epidemiologist or the NYSDOH Central Office Healthcare Epidemiology and Infection Control Program for general questions and infection control guidance or if additional information is needed about reporting to NORA. Contact information for NYSDOH regional epidemiologists and the Central Office Healthcare Epidemiology and Infection Control Program is located here: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm. For assistance after hours, nights and weekends, call New York State Watch Center (Warning Point) at 518-292-2200.
 - Call the local health department or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439 or, after hours, at 1 (866) 881-2809; to obtain reporting forms (DOH-389), call (518) 474-0548.
 - For facilities in New York City:
 - o Call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.

Approval Date: 9/4/2020	Supersedes:	Distribution: All Departments	PAGE: Page 2 of 3
Implementation Date: 9/4/2020			

- Use the downloadable Universal Reporting Form (PD-16); those belonging to NYC MED can complete and submit the form online.

PURPOSE:

- Reporting is required to detect intra-facility outbreaks, geographic trends, and identify emerging infectious diseases.
- The collection of outbreak data enables the NYSDOH to inform health care facilities of potential risks and preventive actions.
- Reporting facilities can obtain consultation, laboratory support and on-site assistance in outbreak investigations, as needed.

PROCEDURE:

Responsible	Action
Infection Preventionist	1. Has oversight of the Infection Control Program
	2. Reviews facility data, trend reports, new occurrences of resident infections and lab results to identify reportable infections 3. Reports communicable diseases to DOH, CDC or other required entity as described above 4. Takes further action as required by facility infection control policies, and as recommended by medical director or consulting physician.

Property of New Franklin

Approval Date: 9/4/2020	Supersedes:	Distribution: All Departments	PAGE: Page 3 of 3
Implementation Date: 9/4/2020			

Department: Nursing – Infection Control

**Subject: PPE – Personal Protective Equipment Use
Of**

POLICY:

- New Franklin provides personal protective equipment to all employees who need to protect themselves against exposure, at no cost to the employee. The personal protective equipment provided by the facility includes, but is not limited to:
 - Gloves (latex or vinyl)
 - Face shields/masks
 - Goggles
 - Gowns/aprons
 - Safety glasses
 - Shoe covers
 - Hoods
 - Resuscitation bags
 - Mouthpieces
 - CPR masks

- Hypoallergenic gloves and similar alternatives shall be available to staff who are allergic to the gloves normally used.

Approval Date: 3/18/2020	Supersedes: 1/1/18	Distribution: Medical Admin Nursing	PAGE: 1
------------------------------------	------------------------------	---	----------------

Department: Nursing – Infection Control

**Subject: PPE – Personal Protective Equipment Use
Of**

PROCEDURE:

- The appropriate personal protective equipment shall be worn when:
 - Whenever there is a danger of contamination from blood, body fluids (including secretions and excretions except sweat), or other potentially infectious materials
 - Using chemicals that are dangerous or harmful
 - Indicated in isolation guidelines
 - Any time it may be necessary to safely complete a job or cleaning task
- All personal protective equipment shall be removed prior to leaving a work area.
- Replace disposable gloves if the gloves have been torn, punctured or otherwise lose their ability to function as a barrier.
- Masks and eye protection (goggles, face shields) shall be used whenever splashes or sprays may generate droplets of infectious materials.
- Protective clothing (gowns and aprons) shall be worn according to isolation guidelines, policy or necessity.
- Shoe covers, caps or hoods shall be worn in any instance of "gross contamination".
- PPE is ordered through the facility purchasing agent
- Inventory of PPE is kept in central supply office. The central supply clerk is responsible to monitor usage and advise if in house par levels need to be adjusted as needed due to infections in the facility.
- Infection control nurse will advise central supply clerk if there is an expected increase in usage of a particular PPE based on resident conditions.
- PPE conservation strategies will be utilized as per CDC recommendations if a PPE becomes scarce due to lack of availability

Approval Date: 3/18/2020	Supersedes: 1/1/18	Distribution: Medical Admin Nursing	PAGE: 2
------------------------------------	------------------------------	---	----------------

Department: Administration	Subject: Pandemic Communications Plan
-----------------------------------	--

POLICY

As per the requirements of the PEP, the facility has external notification procedures directed toward authorized family members and guardians of residents.

To adequately address this requirement, the facility will need to develop a record of all authorized family members and guardians, which should include secondary (back-up) authorized contacts, as applicable.

GENERAL INFORMATION/ RESOURCES

The facility will

- (1) provide a daily update to authorized family members and guardians and upon a change in a resident's condition;
- (2) update all residents and authorized families and guardians at least once per week on the number of pandemic-related infections and deaths, including residents with a pandemic-related infection who pass away for reasons other than such infection (e.g., COVID positive residents who pass away for reasons other than COVID-19).
- (3) The facility has wifi available at no cost to residents and has IPADS available which may be used as requested and scheduled by recreation department to perform videoconferencing
- (4) The facility will communicate as required by any current Governor's Order, or Dept of Health or CDC directive

PROCEDURE

Responsible	Action
Admissions Coordinator/Social Worker	1) Document in Medical Record all authorized family members and guardians contact information, which should include secondary (back-up) authorized contacts, as applicable.
Clinical Staff	2) Provide a daily update to authorized family members and guardians and upon a change in a resident's condition
Recreation Staff	3) Provide all residents with daily access, at no cost, to remote videoconference or phone communication methods with family

Approval Date: Sept 14 2020	Supersedes: New	Distribution: All Dept	Page: Page 1 of 2
Implementation Date: Sept 14 2020			

Department: Administration	Subject: Pandemic Communications Plan
-----------------------------------	--

	members and guardians.
Administrator/DON or Designee	4) Provide updates on the number of pandemic-related infections and deaths electronically or by such other means as may be requested by each authorized family member or guardian.

Approval Date: Sept 14 2020	Supersedes: New	Distribution: All Dept	Page: Page 2 of 2
Implementation Date: Sept 14 2020			

Franklin Center For Rehabilitation and Nursing

Department: Administration

Topic: Plan to Recover/Return to Normal Operations
Following Pandemic

POLICY:

The facility will adhere to directives as specified by State and CDC guidance at the time of each specific infectious disease or pandemic event e.g., regarding how, when, which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed.

PURPOSE:

To ensure resident safety and well-being of residents.

GENERAL INFORMATION:

The facility will maintain communication with the local NYS DOH and CMS and follow guidelines for returning to normal operations. The decision for outside consultants will be made on a case by case basis taking into account medical necessity and infection levels in the community.

During the recovery period residents and staff will continue to be monitored as per current guidance in order to identify any symptoms that could be related to the infectious agent and prevent reoccurrence

Residents will be monitored for possible PTSD or other psychological conditions correlated to enduring through and recovering from a pandemic event.

PROCEDURE:

Responsible	Action
Administrator	<ol style="list-style-type: none">1) Monitor NYSDOH, CMS and CDC guidance as distributed via email, website or HCS DAL communications regarding how, when and which activities/procedures/restrictions may be eliminated, restored and the timing of when those changes may be executed per guidance instructions2) Communicate guidance to ownership, staff and residents as needed to facilitate required action.
Interdisciplinary Departments Heads	<ol style="list-style-type: none">3) Take required action regarding staffing patterns, supplies and resources needed to return to normal operations.4) Assess facility, equipment and systems required for return to normal operations to assure they are working as intended for example:<ol style="list-style-type: none">a. Alarm systemsb. Patient Equipmentc. Call Bell systemsd. Phone systemse. Food service equipmentf. HVAC systemsg. Water systems

Approval Date:	Supersedes:	Distribution:	PAGE:
9/11/20	NA	All depts	Page 1 of 2

Franklin Center For Rehabilitation and Nursing

Department: Administration	Topic: Plan to Recover/Return to Normal Operations Following Pandemic
----------------------------	---

Clinical Departments	<ol style="list-style-type: none">1) Monitor residents for signs of stress or PTSD related symptoms related or correlated to return to normal operations2) Initiate care plan as needed

Approval Date: 9/11/20	Supersedes: NA	Distribution: All depts	PAGE: Page 2 of 2
----------------------------------	--------------------------	-----------------------------------	-----------------------------

Department: Nursing	Subject: Small Group Activities, Dining and Rehab During Viral Outbreak
----------------------------	--

Policy:

It is the policy of this facility to facilitate Small Group Activities and Rehabilitation and Communal Dining to residents.

PURPOSE:

Ensure the prevention and control of infection is prioritized to ensure resident safety and well-being.

General Information:

Small Group Activities, Rehabilitation and Communal Dining will be provided under the most restrictive guidelines as per the CDC, CMS, NYS DOH or Governor's Orders. It is understood that these guidelines may be variable from day to day due to requirements based on the rate of new or unresolved infections present in the facility or community transmission rates. When the criteria is not met, the most restrictive controls will be in place which include meal service in rooms only, no in person small group activities and no multi-resident use of the rehab gym.

Procedures

When the facility has met criteria that allows group activities	
Responsible	Action
Recreation/Rehab Director	<ol style="list-style-type: none"> 1. Small group activities may be facilitated for residents who have fully recovered from COVID-19, and for those residents not in isolation for observation, suspected or confirmed COVID-19 status, 2. Staff will assist residents with hand hygiene before and after activities and Rehab services. 3. Social distancing, including limiting the number of people at each table/area and ensuring that residents are spaced at least 6 feet apart, will be followed. 4. Masks or face coverings must be worn when moving through the facility to the Activity areas and Rehab gym. Alcohol Based Hand Sanitizer (ABHS), tissues and appropriate receptacle for used tissues must be available. 5. All activities will be facilitated with alterations to adhere to the guidelines for preventing transmission, examples include book clubs, crafts, movies, and Bingo. 6. Rehabilitation services will be provided following the review of space in the gym with marked areas for 6 feet social distancing for residents and any equipment utilized.

Approval Date: Sept 12 2020	Supersedes:	Distribution: Medical Admin Nursing Rehab Activities	PAGE: 1
---------------------------------------	--------------------	--	----------------

Department: Nursing	Subject: Small Group Activities, Dining and Rehab During Viral Outbreak
----------------------------	--

	<p>7. Assigned housekeeping staff will clean and disinfect Activity areas and Rehab gym in between activities and as needed</p> <p>8. Rehab staff will be responsible for the cleaning and disinfection of rehab equipment utilizing disinfectants approved by Environmental Service Director.</p> <p>9. The Infection Preventionist will meet with Activities and Rehab staff to reinforce all Infection Prevention policies and procedures and monitor weekly for adherence to infection prevention strategies.</p> <p>10. When permitted Communal Dining will only occur socially distant with appropriate hand hygiene in place – please refer to current directive from NYS DOH to verify if communal dining is permitted. The Infection Preventionist will notify the facility staff when Communal Dining is permitted.</p>
--	---

Approval Date: Sept 12 2020	Supersedes:	Distribution: Medical Admin Nursing Rehab Activities	PAGE: 2
---------------------------------------	--------------------	--	----------------

POLICY: The facility will have a process to collect viral swabs from residents and staff at a frequency specified by the NYSDOH or the current Governor's Executive order. The facility may utilize a contracted laboratory company for the collection of viral swabs.

PURPOSE:

Compliance with Governor's order 202.30 or any other situations where collection of viral samples of resident and or staff is required.

On March 7, 2020, Governor Andrew M. Cuomo issued Executive Order No. 202, which modified sections 6521 and 6902 of the Education Law, to the extent necessary to permit unlicensed individuals, upon completion of training deemed adequate by the Commissioner of Health, to collect throat or nasopharyngeal swab specimens from individuals known to have been exposed to, with symptoms suggestive of, or known to have COVID-19, for purposes of testing .

Order 202.40 specifies that the facility must test or make arrangements for the testing of all personnel, including all employees, contract staff, medical staff, operators and administrators, for COVID-19; **once per week.**

GENERAL INFORMATION:

This training is intended to train licensed and unlicensed individuals in New York State in the collection of specimens for SARS-CoV-2 testing in order to facilitate the public health response to the COVID-19 outbreak <https://www.governor.ny.gov/news/no-202-declaring-disaster-emergency-statenew-york>

Diagnostic respiratory specimen collection for COVID-19:

This process is for all COVID-19 diagnostic testing, which should be ordered based on indications for testing • Testing for the virus that causes COVID-19 should be conducted outdoors if climate allows. If conducted in the home or an indoor facility, specimen collection should be performed in the room where the individual being tested self-isolates. Only the personnel and individual being tested should be in the room when testing is performed.

The Infection Control Nurse will have responsibility of oversight for the process of sample collection and will coordinate with vendors as needed. A staff reference list will be used to track staff who are required to have a covid test performed. The contracted laboratory will provide a summary report of all test results to the facility. The facility will furlough any employees with a positive result as per CDC or NYSDOH recommendations.

Employees, contract staff, medical staff, operators and administrators refusing a required Covid-19 test shall not be permitted in the facility until complying with the testing requirement.

PROCEDURE:

PPE Protocol Overview

- BEFORE entering the patient area: – Perform hand hygiene – Put on respiratory protection, eye protection, gown (if collecting nasopharyngeal swab), and gloves. – Knock or ring bell if entering a home

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 1 of 6
Implementation Date: 9/10/202			

- AFTER leaving the patient area/home: – Remove and properly dispose of gloves, eye protection, gown (if collecting nasopharyngeal swab), and respiratory protection in a garbage bag – The garbage bag can be thrown away with the regular waste – Perform hand hygiene

Hand Hygiene

Perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves • Hand hygiene after removing PPE is particularly important to remove any virus that might have been transferred to bare hands during the removal process • Perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds – If hands are visibly soiled, use soap and water before returning to ABHR

Recommended Personal Protective Equipment

Personnel collecting specimens should wear recommended PPE, including: • Gloves, • Eye protection (face shield or goggles), • Gown (depending on specimen being collected), and • Respiratory protection. • PPE should be put on before being exposed to potential suspect cases • Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

If personnel is having direct patient contact and is collecting a nasopharyngeal swab, nasal swab, or oropharyngeal swab, respiratory protection should be at least as protective as a NIOSH-approved N95 filtering facepiece respirator, as recommended in the Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings

If personnel are providing direct observation of an individual performing nasal and saliva self-swab specimen collection, respiratory protection shall consist of a facemask.

Recommended Clothing

Comfortable shoes

Wear professional, comfortable clothing

Keep hair neatly up and out of the face. This will prevent face touching.

Gloves

Wear gloves that fit appropriately (select gloves according to hand size)

Do not wear the same pair of gloves for the care of more than one person being swabbed

Do not wash gloves for the purpose of reuse

Perform hand hygiene before and immediately after removing gloves

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 2 of 6
Implementation Date: 9/10/202			

Limitations of PPE – None for this purpose. Impervious to fluids.

Proper care, maintenance, useful life and disposal of PPE – Do not reuse. Change or discard if gloves have tears, sweat saturation, or had deteriorated due to age or time in use. If remains intact, use for no more than 4 hours. Follow doffing procedure for removal and disposal in designated area.

Eye Protection

- Wear eye protection for potential splash or spray of respiratory secretions (such as may occur with nasopharyngeal specimen collection) and to protect mucous membranes from droplets which may be present when in close contact with an individual.
- Personal eyeglasses and contact lenses are not considered adequate eye protection.
- May use goggles with facemasks, or face shield alone, to protect the mouth, nose and eyes. If wearing a standard N95, a face shield is preferred over goggles.
- Limitations of PPE – Covers half of face. Impervious to fluids.
- Proper care, maintenance, useful life and disposal of PPE – Do not reuse. Change or discard face shield if it tears, breaks, sweat saturation, or had deteriorated due to age or time in use. If remains intact, use for no more than 8 hours. Follow doffing procedure for removal and disposal in designated area.

Gown

Wear a gown to protect skin and clothing during activities where potential exists for splash or spray of respiratory secretions (such as may occur with direct personnel collection of nasopharyngeal, nasal or oropharyngeal specimens) • Gowns do not need to be changed between persons tested until, and unless: • They are suspected to be contaminated (e.g. contact with bodily fluids); • They are damaged; or • The person wearing the gown leaves the patient area or goes on break. • Remove gown and perform hand hygiene after leaving the person’s environment • Limitations of PPE-none for this purpose. Does not cover feet or shins. Impervious to fluids • Proper care, maintenance, useful life and disposal of PPE-Do not reuse. Change or discard if gown has tears, sweat saturation, or had deteriorated due to age or time in use. If remains intact, use for no more than 8 hour shift. Follow doffing procedure for removal and disposal in designated area

Prohibited Duties

- Maintain a comfortable distance (more than 6 feet) from the person and avoid direct physical contact for interactions that do not involve direct specimen collection.
- Always have a good breakfast/lunch before shifts to resist the temptation of eating or drinking while on duty

Consent

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 3 of 6
Implementation Date: 9/10/202			

- Obtain oral consent for specimen collection, which includes describing the types of specimens to be collected
- Do not collect specimens unless the patient is adequately informed and consents to specimen collection
- For minor persons and patients incapable of consenting to specimen collection, before a specimen may be collected, either a person legally responsible for the patient must give prior written consent to the specimen being collected or a person legally responsible for the patient must be present during the specimen collection and consent to the specimen collection.

The type of specimen collected will be dependent upon the laboratory that will be used for testing.

- Contact the clinical laboratory to whom you will be referring samples.
- Complete the necessary laboratory order forms required by the specific laboratory for specimen submission.

All forms should be completed PRIOR to Specimen Collection

Viral Swabs

- Use only synthetic fiber swabs with plastic shafts
- Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

Nasopharyngeal swab (NP) is the preferred specimen

- After specimen collection place swab immediately into a sterile vial containing liquid transport media, which may be viral (VTM), molecular (MTM), or universal (UTM). Please verify with your laboratory.

Nasopharyngeal Swab:

1. Tilt patient’s head back 70 degrees.
2. Pass the NP swab through the nares to reach a depth equal to distance from nostrils to outer opening of the ear. Resistance will be met, and this will confirm contact with the nasopharynx.
3. Allow a time of contact of several seconds to absorb secretions.
4. Slowly rotate the swab tip while removing the swab. This will loosen and collect cellular material.
5. Place swab into the transport media (VTM, MTM or UTM) vial. Make sure liquid medium covers the swab tip.
6. Break or cut the end of the swab and screw the vial lid on tightly.

Nasal Swab:

1. Provide the patient with nasal swab and then step back to a distance of 6 feet or more.
2. Instruct the patient to insert the swab less than one inch into the anterior nostril and rotate several times against the nasal wall.
3. Instruct the patient to repeat in the other nostril using the same swab.
4. Collect the swab back from the patient and place in the vial containing transport media. Make sure liquid medium covers the swab tip.
5. Break or cut the end of the swab and screw the vial lid on tightly.

Nasal Swab AND Oropharyngeal Swab:

If NP swabs supplies are unavailable, and patient self-collection is not feasible (i.e. infant, child, or incapacitated adult), collection of one (1) nasal swab AND one (1) oropharyngeal swab (OP) may be an acceptable alternative for testing at some laboratories. • Follow the laboratory’s guidance for specimen collection, handling, and transport processes, including if nasal swab with OP swab specimen is an acceptable alternative to NP.

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 4 of 6
Implementation Date: 9/10/202			

- After sample collection place both swabs immediately into a single sterile vial containing liquid transport media which may be viral (VTM), molecular (MTM), or universal (UTM). Please verify which type and the preferred volume with your laboratory.
- NOTE: A nasal swab is different from a nasopharyngeal swab • A nasopharyngeal swab is placed far into the back of the nasal cavity (nasopharynx), as previously described in this training. • A NASAL swab is inserted into the anterior (front) portion of the nostril ONLY.

It is critical to know if the supplies you will be using are for a NP swab OR a nasal swab

- A nasal swab has a thicker shaft and swab than an NP swab • A nasal swab should never be used to collect an NP specimen

Nasal Swab:

1. Tilt patient’s head back 70 degrees.
2. While gently rotating the swab, insert swab less than one inch into nostril (if you meet a point of resistance at turbinates – do NOT advance further).
3. Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
4. Withdraw the swab and place into the same viral transport media vial as the OP swab. Make sure liquid medium covers the swab tip.
5. Break or cut the end of the swab and screw the vial lid on tightly.

Oropharyngeal swab (OP):

1. Swab the posterior pharynx, avoiding the tongue.
2. Using plastic handled swab, vigorously swab both the tonsils and the posterior pharynx.
3. Place swab into the viral transport media vial, make sure liquid medium covers the swab tip.
4. Break or cut the end of the swab.
5. Screw the vial lid on tightly.

Specimen Packaging

For specimen packaging, follow instructions provided by your laboratory. Below are general requirements for packaging.

1. Place any vials and/or saliva specimen container into the ziplocked bag (ensure vial lid is screwed on tightly)
2. Insert the zip-locked plastic bag containing the specimen vial into the secondary Specimen Transport Bag containing the absorbent material.
3. Do NOT place any form(s) inside the plastic bag with specimen vial.
4. Remove the tape adhesive backing from the bag opening then fold bag at the slit and orient lines onto corresponding lines.
5. Press hard from center working outward to seal and close.
6. Fold and place any completed form in the paperwork pouch on the outside of the Specimen Transport Bag.

Specimen storage and transport

Contact your laboratory for instruction on how to store and transport specimens to them. • While in the field, place in a hard container or shipper with freezer or cold packs. • Store specimens at 2-8°C for up to 72 hours after collection.

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 5 of 6
Implementation Date: 9/10/202			

Exposure Reporting

- If a breach in PPE occurs, IMMEDIATELY notify the on-shift clinical supervisor, duty station supervisor (if applicable), and the local health department and complete your facility’s Accident Report form.
- If an employee is exposed due to a PPE breach to a person being swabbed that is later found to be infected with COVID-19, the local health department will identify and confirm the dates and times the person being swabbed was infectious.
- In the rare instance where the person being swabbed was infectious while in the presence of the employee, the local health department will contact the employee to initiate a monitoring plan.

Responsible	Action
Dir of Nursing	1) Coordinate collection of viral swabs utilizing nursing/medical staff and laboratory vendor 2) Assure staff have involved in collection of viral swabs have been trained to do so
Administrator/ DON/Designee	3) Check daily for staff and resident testing results and take action in accordance with State and federal guidance. 4) If an employee has a positive swab result – advise the employee and the Department head. 5) Furlough staff member as required. 6) Conduct contact tracing if possible to identify if result is due to nosocomial spread amongst staff and/or residents 7) Perform required reporting (ie to DOH through HERDS, CDC, local health authorities) of positive result

Approval Date: 9/10/2020	Supersedes: 6/10/2020	Distribution: All Departments	PAGE: Page 6 of 6
Implementation Date: 9/10/202			

POLICY: The facility will provide dining opportunities for residents during a pandemic as per the current recommendation of the CDC, CMS and NYS DOH.

GENERAL INFORMATION:

- Communal Dining will not be allowed when prohibited by directive of the NYS DOH, CDC or other regulatory body based on rates of infection present in the facility or in the community.
- Communal Dining is suspended when there is a risk new outbreak of infection due to recent positive tests of residents and staff or under direction of the Infection Preventionist or Medical Director.
- Meals will be provided bedside in place of communal dining with staff assigned to assist/supervise meals as required for safety and to assure proper food intake.
- Residents with a current contagious diagnosis (ie Covid-19) will be served with disposable tableware and utensils

PROCEDURE:

The following is a guideline to be used when the facility has met the criteria to allow communal dining during a pandemic.

Responsible	Action
Infection Preventionist / RN Supervisor	Assures the following is observed <ol style="list-style-type: none"> 1. Dining room staff should always wear masks or cloth face coverings. 2. Residents should wear cloth face coverings while traveling to and from the dining room. 3. Ensure physical distancing is maintained: 4. Limit number of residents per table. (e.g. A table that usually accommodates four residents should be limited to two residents.) 5. Tables should be spaced at least eight feet apart, allowing two feet for the moving of chairs while maintaining a physical distance of six feet. 6. Keep the same residents seated at the same table each day, so that each resident is in contact with the same small group. Avoid mixing of residents. 7. Staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible. 8. Hand washing or hand sanitizer is required prior to residents dining, staff should observe residents practice hand hygiene again as they enter the dining room. 9. Utilize alcohol-based hand sanitizer containing at least 60% alcohol.

Approval Date: 9/4/2020	Supersedes:	Distribution: Nursing, Medical, Housekeeping Dietary	PAGE: Page 1 of 2
Implementation Date: 9/4/2020			

	<p>10. Meals should be served restaurant style (individual serving).</p> <p>11. The sharing of condiments and serving utensils is prohibited.</p> <p>12. Sanitize/clean high-touch surfaces (e.g. chairs, tables) between seatings.</p> <p>13. The facility should ensure that processes are in place to prevent staff from cleaning used tableware (e.g. plates and cups) and then serving food.</p> <p>14. Consider the following steps: Refrain from removing used plates and tableware from the table until all residents have finished eating. OR Utilize specific staff to serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.</p> <p>15. Plates can be china, provided strategies are in place that can reduce the movement of used dishware. Disposable plates, utensils, and tableware remain acceptable.</p> <p>16. To address space limitations and encourage physical distancing, consider strategies such as: Scheduling more than one seating for each meal Having residents attend only one communal meal per day (e.g. those who like to sleep late may prefer breakfast in their room.)</p>
	1.

Approval Date: 9/4/2020	Supersedes:	Distribution: Nursing, Medical, Housekeeping Dietary	PAGE: Page 2 of 2
Implementation Date: 9/4/2020			

Franklin Center For Rehabilitation and Nursing

Department: Medical

Topic: Provision of Medically Necessary Consultant Services During COVID-19 Pandemic

POLICY:

This facility will provide medically necessary services to residents while ensuring the prevention and control of infection is prioritized. The facility IDT Team will review with resident/resident representative any specialty service request and defer as necessary non urgent consultant services during the COVID-19 pandemic.

PURPOSE:

To ensure resident safety and well-being of residents.

GENERAL INFORMATION:

- All consultants in the facility require weekly COVID-19 testing, according to Governor Executive Order.
- Designated Phase 1 Facility - If the consultant is at facility greater than 3 days per week, he/she must be swabbed biweekly for COVID testing. If Consultant is in facility three days or less he/she must be swabbed once per week for COVID Testing.
- Designated Phase 2 Facility - Consultant must be swabbed once per week, (If they come to the facility weekly).
- Consultant will be notified if he/she has positive test results. If positive, Consultant may not return to facility for 14 days, if asymptomatic and submits a negative COVID test.
- Consultant may submit proof/results that the required weekly COVID testing was done in another facility.

<https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

PROCEDURE:

Responsible	Action
MD/NP Consultant	<ol style="list-style-type: none">1. Assess and order any medically necessary consults including dental, podiatry, Psychiatry, Psychology, or any other consult needed for resident clinical needs.2. Determine if any consultant visit can be done via Telehealth. The facility will optimize telehealth services where possible.3. Meet with the Infection Preventionist as needed to ensure Facility Infection policies and procedures are understood and adhered to.5. Be screened and respond to questionnaire prior to entering facility. If consultant has temperature of 100 or any respiratory symptom, they will not be permitted to enter facility.6. A Facility Staff member will accompany/assist Consultant performing tasks (not including psychologist) as needed.

Approval Date:	Supersedes:	Distribution:	PAGE:
9/11/20	NA	Medical Nursing Admin	Page 1 of 2

Franklin Center For Rehabilitation and Nursing

Department: Medical

Topic: Provision of Medically Necessary Consultant Services During COVID-19 Pandemic

7. Consultant(s) can only provide services on COVID-19 negative units or in designated Medical offices.
8. All Facility cleaning and disinfection practices will be conducted in between each resident treatment as per Facility P/P.
9. Submit guidance for cleaning and disinfection procedure for any equipment utilized.
10. Follow strict hand hygiene.
11. Always wear mask upon entering facility and while in the facility.
12. Required PPE such as gloves, gown, or eye protection to be used according to Infection Control policy.
13. Dental, Ophthalmology and Podiatry may have equipment that warrant specific infection control procedures and need to submit specific procedure for COVID-19 the cleaning and disinfecting of equipment.

Approval Date: 9/11/20	Supersedes: NA	Distribution: Medical Nursing Admin	PAGE: Page 2 of 2
----------------------------------	--------------------------	---	-----------------------------

Franklin Center For Rehabilitation and Nursing

Department: Administration

Topic: Telehealth Services Pandemic

POLICY:

The facility will coordinate telehealth services for residents requiring consultant visits

PURPOSE:

To ensure resident safety and well-being of residents by allowing or consultant visits while reducing the risks associated with in house visits.

GENERAL INFORMATION:

See following for current regulations regarding telehealth:

<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/?section=1,2#providing-telehealth-services-for-medicare-patients>

The U.S. Department of Health and Human Services Office for Civil Rights issued a Notification of Enforcement Discretion to empower covered health care providers to use widely available communications applications without the risk of penalties imposed by the U.S. Department of Health and Human Services Office for Civil Rights for violations of Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules for the good faith provision of telehealth services. For more information, read FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency (PDF) or visit HIPAA and COVID-19.

Under this notice, covered health care providers may use popular applications to deliver telehealth as long as they are “non-public facing”. Examples of public facing applications are Facebook Live and Twitch.

Examples of non-public facing video chat applications include:

Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, Skype,

Examples of non-public facing text-based applications include:

Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, iMessage

Under this notice, covered health care providers that seek additional privacy protections should use technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements in connection with the provision of their video communication products. The list below includes some vendors that say they provide HIPAA-compliant video communication products and that they will enter into a HIPAA business associate agreement.

Skype for Business / Microsoft Teams, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco Webex Meetings / Webex Teams, Amazon Chime, GoToMeeting, Spruce Health Care Messenger

Note: The U.S. Department of Health and Human Services Office for Civil Rights has not reviewed the business associate agreements offered by these vendors. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA business associate agreement

Approval Date: 9/11/20	Supersedes: NA	Distribution: All depts	PAGE: Page 1 of 2
----------------------------------	--------------------------	-----------------------------------	-----------------------------

Franklin Center For Rehabilitation and Nursing

Department: Administration

Topic: Telehealth Services Pandemic

with a covered entity. Further, the U.S. Department of Health and Human Services Office for Civil Rights does not endorse any of the applications that allow for video chats listed above.

PROCEDURE:

Responsible	Action
RN Manager	<ol style="list-style-type: none">1) Review order/recommendation for consultant visit2) If the consultant is not currently conducting on-site visits or if the resident has infectious condition that prevents an in person appointment – schedule a telehealth visit.3) Discuss with consultant the application to be used for the telehealth visit4) Schedule the visit and coordinate availability of wifi or cell phone enabled device to conduct the telehealth session.5) Document the residents participation in the telehealth visit6) Note significant consultant findings in residents record.

Approval Date: 9/11/20	Supersedes: NA	Distribution: All depts	PAGE: Page 2 of 2
----------------------------------	--------------------------	-----------------------------------	-----------------------------

POLICY: The facility will provide dining opportunities for residents during a pandemic as per the current recommendation of the CDC, CMS and NYS DOH.

GENERAL INFORMATION:

- Communal Dining will not be allowed when prohibited by directive of the NYS DOH, CDC or other regulatory body based on rates of infection present in the facility or in the community.
- Communal Dining is suspended when there is a risk new outbreak of infection due to recent positive tests of residents and staff or under direction of the Infection Preventionist or Medical Director.
- Meals will be provided bedside in place of communal dining with staff assigned to assist/supervise meals as required for safety and to assure proper food intake.
- Residents with a current contagious diagnosis (ie Covid-19) will be served with disposable tableware and utensils

PROCEDURE:

The following is a guideline to be used when the facility has met the criteria to allow communal dining during a pandemic.

Responsible	Action
Infection Preventionist / RN Supervisor	<p>Assures the following is observed</p> <ol style="list-style-type: none"> 1. Dining room staff should always wear masks or cloth face coverings. 2. Residents should wear cloth face coverings while traveling to and from the dining room. 3. Ensure physical distancing is maintained: 4. Limit number of residents per table. (e.g. A table that usually accommodates four residents should be limited to two residents.) 5. Tables should be spaced at least eight feet apart, allowing two feet for the moving of chairs while maintaining a physical distance of six feet. 6. Keep the same residents seated at the same table each day, so that each resident is in contact with the same small group. Avoid mixing of residents. 7. Staff should be assigned to specific tables in order to minimize the number of residents they interact with and remain with that group each day, whenever possible. 8. Hand washing or hand sanitizer is required prior to residents dining, staff should observe residents practice hand hygiene again as they enter the dining room. 9. Utilize alcohol-based hand sanitizer containing at least 60% alcohol.

Approval Date: 9/4/2020	Supersedes:	Distribution: Nursing, Medical, Housekeeping Dietary	PAGE: Page 1 of 2
Implementation Date: 9/4/2020			

	<p>10. Meals should be served restaurant style (individual serving).</p> <p>11. The sharing of condiments and serving utensils is prohibited.</p> <p>12. Sanitize/clean high-touch surfaces (e.g. chairs, tables) between seatings.</p> <p>13. The facility should ensure that processes are in place to prevent staff from cleaning used tableware (e.g. plates and cups) and then serving food.</p> <p>14. Consider the following steps: Refrain from removing used plates and tableware from the table until all residents have finished eating. OR Utilize specific staff to serve residents and refill drinks during the meal and a separate group of staff to clear plates and tableware of those who are finished.</p> <p>15. Plates can be china, provided strategies are in place that can reduce the movement of used dishware. Disposable plates, utensils, and tableware remain acceptable.</p> <p>16. To address space limitations and encourage physical distancing, consider strategies such as: Scheduling more than one seating for each meal Having residents attend only one communal meal per day (e.g. those who like to sleep late may prefer breakfast in their room.)</p>
	<p>1.</p>

<p>Approval Date: 9/4/2020</p>	<p>Supersedes:</p>	<p>Distribution: Nursing, Medical, Housekeeping Dietary</p>	<p>PAGE: Page 2 of 2</p>
<p>Implementation Date: 9/4/2020</p>			

Department: Administration

Subject: Subsidence Food, Water and Medicine

Policy:

The facility maintains an inventory and special arrangements to obtain food, water and medicine and medical supplies in the event of a disaster such as a pandemic event.

Supplies of all goods/supplies and equipment are maintained at levels that are required by required regulations such as current Governors Orders, NYS DOH and CMS

PURPOSE:

To assure sufficient food, water and medical supplies are available at all times.

General Information:

The facility currently has at least 3-4 days' supply of food and water available (See emergency water policy).

This is regularly monitored to ensure that it is intact and safely stored.

The facility has arrangements to obtain a supply of stock medications for 4-6 weeks from its contracted pharmacy.

The facility has access to a minimum of 2 weeks supply of needed cleaning/sanitizing agents in accordance with storage and NFPA/Local guidance.

The following are considerations when determining the subsidence needs:

- Average census of the facility (320 beds)
- Demographics of resident population
- Additional assistance needs of resident population
- Number of staff in the facility on average (125 per day)
- Number of visitors on site – average (50 per day)
- Length of time and ability to shelter in place – access to resources and contingency
- Supplies, resources, and quantities needed to shelter in place
 - Food
 - Water (potable and non-potable)
 - Medical supplies and equipment
 - Specialty supplies
 - Enteral Supplies
 - IV and supplies

Approval Date: Sept 11 2020	Supersedes:	Distribution: Medical Admin Nursing – Housekeeping – food service	PAGE: 1
---------------------------------------	--------------------	--	----------------

New Franklin Center for Rehabilitation and Nursing

Department: Administration	Subject: Subsistence Food, Water and Medicine
-----------------------------------	--

- Pharmaceutical
- Energy sources and alternatives to maintain temperature, lighting, equipment functioning, storage functioning, fire response, waste management)
- Location of inventory

The supply will be checked each quarter and weekly as needed during a Pandemic.

Procedures

<u>Water</u>	
Responsible	Action
Food Service Director	<ol style="list-style-type: none"> 1) Assure water supplies are kept in as specified by Emergency Water Supply Policy 2) Tracks usage during an event that requires use of emergency water to assure replacement water is ordered as needed or to advise Administration if/when water will run out.
<u>Food</u>	
Food Service Director	<ol style="list-style-type: none"> 3) Assure food supplies are stocked to assure minimum of 4 day supply is available. 4) Tracks usage during an event that disrupts food delivery to advise Administration if/when food will run out. 5) Pre-orders/overstocks non-perishable food in anticipation of disaster event
<u>Medications</u>	
Nursing Director	<ol style="list-style-type: none"> 1) Notifies pharmacy in advance of event to secure delivery of extra medications 2) Assure stock OTC supplies are available and assure E box supply is full
Administration	<ol style="list-style-type: none"> 3) Contracts with vendor pharmacy to assure pharmacy or alternate is available to provide supply of medications
<u>Central Supply</u>	
Nursing Director	<ol style="list-style-type: none"> 1) Directs the Central Supply clerk to review inventory of medical supplies/equipment and PPE to facilitate re-order as needed.

Approval Date: Sept 11 2020	Supersedes:	Distribution: Medical Admin Nursing – Housekeeping – food service	PAGE: 2
---------------------------------------	--------------------	--	----------------

Department: Nursing

Subject: Staff Assessment for Coronavirus (COVID19)

POLICY:

The facility will screen staff and monitor staff for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering the facility. This serves as a guide for Covid-19 and other pandemic situations

Policy:

We are requiring all staff to be screened for signs and symptoms of CoronaVirus. The intent of this is to do an initial screen of staff for coronavirus and document ongoing observation of staff for symptoms.

There are 2 levels of screening to be conducted for all staff.

- 1) **A one time screen** which will require the employee to answer questions about possible contact with CoronaVirus and their current temperature. This screen needs to be completed and reviewed by Nursing Management. Copies need to be kept in the nursing offices at ADHC and the Nursing Home. This is a one time initial screen. This is attached – Labeled INITIAL STAFF ASSESSMENT CORONAVIRUS – COVID-19. For new employees an Employee Physical may be used in place of Covid-19 screen
- 2) **A daily screen which** before beginning of shift and at end of shift will be conducted. This will require a each employee to have their temperature taken, records the temperature on a tracking log form, and identify if they have any current signs or symptoms of covid-19. Copies of this need to be kept in the nursing offices at ADHC and the Nursing Home. A Master Log is attached for this purpose – Labeled Daily Staff Screening Log
- 3) Any staff with fever will be immediately referred to the infection control nurse and asked to leave the facility and referred to see their physician.
- 4) All sick calls will be monitored by Department Heads to identify any staff pattern or cluster of symptoms associated with infectious agent. Department Head will report any issues to Nursing Department during Morning Meeting.

Approval Date:
9/10/2020

Supersedes:
3/11/2020

Distribution: All Depts

PAGE: Page 1 of 1

Department: Nursing – Infection Control

Subject: PPE – Personal Protective Equipment Use Of, Par Level, Storage and Calculating Burn Rate

POLICY:

New Franklin stores in sanitary conditions and provides personal protective equipment (PPE) to all employees who need to protect themselves against exposure, at no cost to the employee. The personal protective equipment provided by the facility includes, but is not limited to:

- Gloves (latex or vinyl)
- Face shields/ masks / Goggles
- Gowns/aprons
- Safety glasses
- Shoe covers
- Resuscitation bags
- Mouthpieces
- CPR masks

Hypoallergenic gloves and similar alternatives shall be available to staff who are allergic to the gloves normally used.

GENERAL INFORMATION

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care
- An isolation gown, *eye protection (e.g. goggles or face shield)*, and an *N95 or equivalent or higher-level respirator* are worn for direct resident contact if the resident has uncontained secretions or excretions *including splashes or sprays*.
- PPE is removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene.

Approval Date: Sept 1 2020	Supersedes: Jan 1 2018	Distribution: Medical Admin Nursing	PAGE: 1
--------------------------------------	----------------------------------	---	----------------

Department: Nursing – Infection Control

Subject: PPE – Personal Protective Equipment Use Of, Par Level, Storage and Calculating Burn Rate

- When PPE use is extended/reused, it is done according to national and/or local guidelines (ie NYS DOH, CDC). When reused, it is cleaned/ decontaminated /maintained between uses.
- Sufficient PPE supplies are made available to follow infection prevention and control guidelines.
- In the event of PPE shortages, see policy on Crisis PPE Use.
- When required by NYS DOH or CDC direction, such as during COVID-19 or other pandemic, all staff wear a facemask (e.g., a cloth face covering can be used by staff where PPE is not indicated, such as administrative staff who are not at risk of coming in contact with infectious materials)
- When COVID-19 is present in the facility, staff wearing an N95 or equivalent or higher-level respirator, instead of a facemask, for aerosol generating procedures.

PAR LEVELS AS OF SEPT 10 2020 BASED ON 30 DAY AVERAGE	
Supply	Estimated Daily Usage/Required for 60 Days
Gloves	1000/60000
Face Masks	500/3000
Face Shield/Goggles	25/1500
Gowns	120/7200
N95 Masks	30/1800

PROCEDURE:

PAR LEVEL	
Responsible	Action
Central Supply Clerk/Administration	<ol style="list-style-type: none"> 1) Maintains PPE inventory at levels required by NYSDOH (60 day inventory as of 9/30/2020 subject to change) 2) Calculates average burn rate of inventory (average daily amount of supplies used over period of time) 3) Monitors daily burn rate to identify if emergent reorder is required due to sudden increased usage – ie during a time of increased contact precautions 4) Orders supplies in advance to assure sufficient supplies 5) Maintains supplies in Central Supply area with addition spaces used as supply size requires 6) May maintain supplies an at offsite location in coordination with Purchasing agent to prevent loss and assure sufficient space is available for the inventory needed
Medical Director,	<ol style="list-style-type: none"> 7) Review the Policies for stocking needed supplies

Approval Date: Sept 1 2020	Supersedes: Jan 1 2018	Distribution: Medical Admin Nursing	PAGE: 2
--------------------------------------	----------------------------------	---	----------------

Department: Nursing – Infection Control

Subject: PPE – Personal Protective Equipment Use Of, Par Level, Storage and Calculating Burn Rate

Director of Nursing, Infection Control Practitioner and other appropriate personnel	and makes recommendations as needed
---	-------------------------------------

PPE Use

Infection Preventionist	<p>1) Educates and Informs staff so that the appropriate personal protective equipment shall be worn when:</p> <ul style="list-style-type: none"> • Whenever there is a danger of contamination from blood, body fluids (including secretions and excretions except sweat), or other potentially infectious materials • Using chemicals that are dangerous or harmful • Indicated in isolation guidelines • Any time it may be necessary to safely complete a job or cleaning task <p>2) All personal protective equipment shall be removed prior to leaving a work area.</p> <p>3) Replace disposable gloves if the gloves have been torn, punctured or otherwise lose their ability to function as a barrier.</p> <p>4) Masks and eye protection (goggles, face shields) shall be used whenever splashes or sprays may generate droplets of infectious materials.</p> <p>5) Protective clothing (gowns and aprons) shall be worn according to isolation guidelines, policy or necessity.</p> <p>6) Shoe covers, caps or hoods shall be worn in any instance of "gross contamination".</p> <p>7) Assures that each Department (ie Rehab, Recreation, Housekeeping) is aware of the PPE needed to</p>
-------------------------	---

Approval Date: Sept 1 2020	Supersedes: Jan 1 2018	Distribution: Medical Admin Nursing	PAGE: 3
--------------------------------------	----------------------------------	---	----------------

Department: Nursing – Infection Control

**Subject: PPE – Personal Protective Equipment Use
Of, Par Level, Storage and Calculating Burn Rate**

perform their job duty for Infection Control purposes

Approval Date:
Sept 1 2020

Supersedes:
Jan 1 2018

Distribution: Medical Admin
Nursing

PAGE: 4

POLICY: The facility will conduct covid-19 tests on residents as per CDC guidelines, NYSDOH instructions, MD orders or as per guidance from Epidemiologist/infectious disease consultant from CDC or other authorized regulatory agency.

PURPOSE: Identify residents with Covid-19

GENERAL INFORMATION:

- Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV-2.
- When one NEW case is detected in a nursing home, there are often other residents and HCP who are infected with SARS-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing viral testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent SARS-CoV-2 transmission.
- A single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreak.
- The results of viral testing inform care decisions, infection control interventions, and placement decisions (e.g., cohorting decisions) relevant to that resident.
- Testing to determine resolution of infection. - A test-based strategy, which requires serial tests and improvement of symptoms, could be considered for discontinuing Transmission-Based Precautions earlier than the symptom-based strategy. However, in most cases, the test-based strategy results in prolonged isolation of residents who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. A test-based strategy could also be considered for some residents (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the resident being infectious for more than 20 days. *In all other circumstances, the symptom-based strategy should be used to determine when to discontinue Transmission-Based Precautions.*
- Guidance from Epidemiologist/infectious disease consultant from CDC or other authorized regulatory agency shall serve as the primary resource in directing testing strategies including testing new residents, serial testing and outbreak investigation.

Approval Date: 7/18/2020	Supersedes: 7/1/2020	Distribution: All Departments	PAGE: Page 1 of 3
Implementation Date: 7/20/2020			

PROCEDURE:Testing residents with signs or symptoms of COVID-19.

- At least daily, take the temperature of all residents and ask them if they have any COVID-19 symptoms. Perform viral testing of any resident who has signs or symptoms of COVID-19.
- Clinicians should use their judgment to determine if a resident has signs or symptoms consistent with COVID-19 and whether the resident should be tested. Individuals with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Some may present with only mild symptoms or other less common symptoms.

Testing asymptomatic residents with known or suspected exposure to an individual infected with SARS-CoV-2, including close and expanded contacts (e.g., there is an outbreak in the facility).

- Perform expanded viral testing of **all** residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident).
- If viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (e.g., on the same unit or floor of a new confirmed case or cared for by infected HCP).

Initial (baseline) testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2 is part of the recommended reopening process.

- Perform initial viral testing of each resident in a nursing home as part of the recommended reopening process
- In any nursing home, initial viral testing of each resident (who is not known to have previously been diagnosed with COVID-19) is recommended because of the high likelihood of exposure during a pandemic, transmissibility of SARS-CoV-2, and the risk of complications among residents following infection.

Repeat Testing in Coordination with the Health Department

Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2 (apart from the initial testing referenced above).

- After initially performing viral testing of all residents in response to an outbreak, CDC recommends repeat testing to ensure there are no new infections among residents and HCP and

Approval Date: 7/18/2020	Supersedes: 7/1/2020	Distribution: All Departments	PAGE: Page 2 of 3
Implementation Date: 7/20/2020			

that transmission has been terminated as described below. Repeat testing should be coordinated with the local, territorial, or state health department.

- Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result. This follow-up viral testing can assist in the clinical management of infected residents and in the implementation of infection control interventions to prevent SARS-CoV-2 transmission.
- If viral test capacity is limited, CDC suggests directing repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis) or have known exposure to a case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2 infection). For large facilities with limited viral test capacity, testing only residents on affected units could be considered, especially if facility-wide repeat viral testing demonstrates no transmission beyond a limited number of units.

Testing of New Admissions

- Residents require a recent negative SARS-CoV-2 test before admission to the facility. A repeat SARS-CoV-2 test is conducted after admission to the facility and a negative result and 14 day quarantine is required before the resident may be transferred off the admission unit or private room to a non-covid or regular long term care floor.

Approval Date: 7/18/2020	Supersedes: 7/1/2020	Distribution: All Departments	PAGE: Page 3 of 3
Implementation Date: 7/20/2020			

Welcome to New Franklin Center for Rehabilitation and Nursing

**ALL STAFF, GUESTS AND VENDORS ENTERING THE FACILITY MUST TAKE
THEIR TEMPERATURE**

INSTRUCTIONS

1. Place forehead 5 to 10cm from front of thermometer
2. Wait for beep – observe temperature
3. If temperature is under 96f – retest or see receptionist
4. Staff – write your temperature on staffing sheets in lobby
5. Guests and Vendors – write your temperature at reception desk
6. If temperature is 100f or greater immediately leave facility and notify your supervisor by phone
7. Please note an alarm will sound when a high temperature is read by the wall thermometer

Please be advised that guests traveling to New York from travel outside the United States or from a state currently on the New York Travel restricted list must quarantine for 14 days before being allowed in the facility:

New Franklin Center for Rehabilitation and Nursing

Date: July 7, 2020

To: All Staff

From: Derek Murray, Administrator

Re: Travel Restrictions Policy and Mandatory Quarantine

In response to this ongoing public health emergency and the risk posed by a resurgence of COVID-19, Governor Cuomo has an Executive Order requiring all travelers coming from states with significant rates of transmission of COVID-19 to quarantine for a 14-day period from the time of their last contact within such designated state(s).

The states currently with significant rates of transmission are:

Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa, Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas and Utah.

Further the CDC recommends anyone returning from International Travel to stay home for 14 days and monitor their health

This means that any employee that plans to travel to one of the states listed above or return from International Travel will not be allowed to return to work for 14 days from the date of return to New York.

The requirements of the travel advisory do not apply to any individual passing through designated states for a limited duration (i.e., less than 24 hours) through the course of travel. Examples of such brief passage include but are not limited to: stopping at rest stops for vehicles, buses, and/or trains; or lay-overs for air travel, bus travel, or train travel.

Employees returning from these designated states or international travel are not eligible to use sick time or any special covid-19 benefit during their 14-day quarantine. Any spent in quarantine due to travel will be unpaid.

Departments heads and managers will ask staff with scheduled upcoming vacations if they plan to travel to any of these locations. Staff will not be permitted to return to work until 14 days from return from these designated states.

This policy will remain in effect until the Executive Order from Governor Cuomo has been lifted.

Thank you for your compliance with this as we continue to take the measures needed to successfully stop the spread of covid-19 in our facility and in New York.

Derek Murray
Administrator

Department: Administration	Subject: COHORTING – VIRAL OUTBREAK
-----------------------------------	--

Policy: It is the policy of the facility to prevent the spread of viral outbreaks and to protect and treat all residents as needed.

A key component to this will be cohorting of residents. The facility will dedicate space in the facility to care for residents with confirmed COVID-19. This may be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19, residents with negative COVID status and those residents with unknown COVID status.

Definition: Cohorting is the practice of grouping together patients who are infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Cohorting during COVID-19 will be done in accordance with CDC and NYSDOH guidance to designate space in the Facility to separate residents into cohorts of COVID positive, COVID suspected, negative and unknown status that will include new /re-admissions with unknown COVID status. When single patient rooms are not available, patients with **confirmed** COVID-19 may be placed in the same room.

Procedure:

1. The facility will cohort residents with no COVID symptoms, unknown COVID-19 virus, and confirmed COVID-19 virus. The facility will also designate a new admission unit/designated area for admissions whose COVID status is unknown. Newly admitted Residents will be on this unit for a minimum of 14 days on Transmission Based Precaution. If a newly admitted resident develops fever or respiratory symptoms or other COVID-19 they will be transferred to a room on a COVID designated area as available.
2. All new and re-admissions will have a review of hospital information prior to readmission to determine if infection prevention and treatment needs can be met at the facility. All residents being transferred from acute care hospital must have a negative COVID test.
3. New admissions and re-admissions with a Dx COVID-19 will be reviewed to determine if they are still considered to be infective with the COVID-19 virus. The following is required for placement on a Negative COVID unit:
 - a) Results of 2 negative COVID-19 test results done at least 24 hours apart.
 - b) Documentation in medical record that resident has met the Non-Test criteria for the discontinuation of transmission-based precautions.
4. All residents will continue to be assessed daily for any symptoms of COVID-19 including fever, respiratory symptoms or any change in condition will be done daily and as needed. Nursing home residents may present with atypical symptoms including change in mental status.
5. Any resident presenting with signs or symptoms of COVID-19 infection will be assessed by PMD/NP. In addition, any new case developed in the facility without hospitalization will be investigated by Infection Preventionist to determine source through contact

Approval Date:	Supersedes:	Distribution:	Page:
Implementation Date:		All Departments	1 of 8

Department: Administration	Subject: COHORTING – VIRAL OUTBREAK
-----------------------------------	--

- tracing. See CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>.
6. Identification, early work-up including testing as indicated and treatment will be initiated by clinical staff for all residents with suspected or confirmed COVID-19
 7. All staff will be actively screened for COVID-19 symptoms including fever and respiratory symptoms at start of each shift and every 12 hours. A log of this screening will be completed.
 8. All Families, residents / resident representatives are notified within 24 hours of any new staff or resident COVID positive cases, deaths or Three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other via facility website and established auto hotline messaging.
 9. The facility will continue to promote consistent assignment staffing as below:
 - The staffing coordinator in conjunction with the DON/RNS will make every effort to have Residents that have confirmed COVID to be grouped into one assignment.
 - Every effort will be made to have residents that have suspected COVID to be grouped into one assignment
 - Every effort will be made to have residents that have NO symptoms of COVID or who have had transmission-based precautions discontinued to be grouped into one assignment
 10. Residents who are confirmed or suspected of COVID-19 will have the signage on the door indicating Droplet and Contact precautions with designated PPE and ABHS readily available inside and outside room.

Establishment of COVID Negative Cohort area/unit (s) with No Suspected or Active Confirmed Cases

- All Residents on these units have no symptoms of COVID, have had negative testing for COVID-19 and passed the 14-day window and no longer have symptoms including being afebrile x 3 days without antipyretics.
- Caregivers will be required to wear a face mask and follow standard precautions on these units/wings until such time that there is advisory from NYSDOH or CDC that masks are no longer required.
- If any resident on one of these units becomes symptomatic or suspect for COVID, he/she will be transferred to a unit with SUSPECT cases and a Physician/NP will assess and order COVID-19 testing and any treatment as indicated.
- Residents on these units will continue to be monitored daily for temperature, and any other symptoms that could be suspect for COVID-19.

Approval Date:	Supercedes:	Distribution:	Page:
Implementation Date:		All Departments	2 of 8

Department: Administration	Subject: COHORTING – VIRAL OUTBREAK
-----------------------------------	--

Establishment of a Cohort area for Residents whose status is unknown including new/readmissions with no known COVID infection

- Residents admitted or re-admitted from the hospital will be placed in this designated area for 14 days on Contact and Droplet Transmission based precautions to ensure that they are not carrying the COVID virus.
- Transmission Based Signage for Droplet and Contact precautions will be posted on the doors of all residents.
- All residents on this unit will require Contact and Droplet Precautions. Caregivers will wear full PPE to include gown, face shields, masks and gloves
- Residents on this unit will continue to be monitored daily for signs and symptoms of COVID related illness including TPR and pulse oxygen levels.
- Residents that develops symptoms they will be transferred to the *COVID SUSPECT/CONFIRMED* unit.
- RN will document in the medical record when the residents has passed the 14-day mark and have not displayed any symptoms related to COVID-19.
- At the end of the 14 days the resident will be transferred to a COVID Negative unit.
- Residents on these units will continue to be monitored daily for signs and symptoms of COVID related illness temperature screening.
- PMD/NP will assess any resident with suspect COVID illness and order testing for COVID-19 as indicated.
- Residents with negative COVID status going out for dialysis will be tested weekly or per as MD orders.

Establishment of a COVID-19 Positive Cohort area/unit

- Residents on these units/areas have confirmed cases of COVID-19.
- Residents testing positive for COVID-19 will be roomed on one wing of the unit pending bed availability.
- Residents identified with COVID-19 symptoms will be identified as Person Under investigation (PUI) and will be placed in a private room if available or cohorted with a COVID-19 PUI resident on this unit. Residents will be encouraged to wear a mask if tolerated and educated in respiratory etiquette. Cubicle curtains can be used as indicated.
- Residents with suspected COVID-19 will be assessed by MD/NP and treatment, labs and testing will be ordered as needed.
- Transmission Based Signage for Droplet and Contact precautions will be posted on the doors of residents that are suspect or confirmed for COVID-19. – Signage at the front of the COVID-19 care unit instructing HCP they must wear eye protection and an N-95 or higher-level respirator (or facemask if respirator not

Approval Date:	Supersedes:	Distribution: All Departments	Page: 3 of 8
Implementation Date:			

Department: Administration	Subject: COHORTING – VIRAL OUTBREAK
-----------------------------------	--

available) at all times on the unit. Gowns and gloves to be added when entering resident rooms.

- All residents on these floors will require Contact and Droplet Precautions. Caregivers will wear full PPE to include gown, face shields, masks and gloves.
- Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition.
- Residents will be offered and encouraged to wear a face mask.
- Residents that pass the 14-day mark and no longer require droplet and standard precautions will be evaluated by MD/NP to determine if a repeat COVID test is needed to move to another unit or wing pending bed availability and current COVID status at the facility.
- Roommates of residents with COVID-19 should be considered exposed and potentially infected. If possible, they should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for COVID-19 14 days after their last exposure.

Monitoring COVID cases on the Unit for those living with dementia (IF APPLICABLE TO FACILITY)

- The movement of residents living with Dementia will be reviewed by the IDT and based on a risk benefit analysis a decision will be made if the resident should be moved from room or not. Family members will be consulted and informed.
- Signage will be posted on the doors of residents that are suspect or confirmed for COVID-19.
- Residents on these units will continue to be monitored each shift for symptoms and clinical signs indicating a worsening of condition, or the development of symptoms of COVID.
- Caregivers will re-direct wandering residents to ensure safe social distancing.
- Residents will be offered and encouraged to wear a face mask.

THE MOST IMPORTANT ACTIONS TO PROTECT YOUR RESIDENTS AND YOURSELF:

1. Hand hygiene after each resident encounter by all staff in all departments.
2. Proper use of gloves with glove changing between all residents and hand hygiene performed before donning new gloves.
3. Universal masking on all units will continue for all staff in all departments. Avoid touching eyes, nose and mouth with hands.
4. Identify and Report immediately any change in Resident condition to Charge Nurse and/or RNS.
5. Do not come to work if you are ill. Contact RNS if you become ill while working.
6. If you have a question or need support please ask, All Team members are valued.

Approval Date:	Supersedes:	Distribution:	Page:
Implementation Date:		All Departments	4 of 8

Department: Administration	Subject: COHORTING – VIRAL OUTBREAK
-----------------------------------	--

Please Note: To Ensure Residents rights are upheld any room transfers will be discussed with resident/resident representatives and orientation to new room and roommate will be conducted by SW/Designee. All room transfers will be documented in accordance with state and federal regulations

Approval Date:	Supercedes:	Distribution: All Departments	Page: 5 of 8
Implementation Date:			

Department: Infection Control - Nursing	Subject: PPE Conservation – Crisis Strategies
--	--

POLICY: The facility will implement strategies to extend the use of PPE based of recommendation from the NYC DOH in crisis situations. It is understood that this serves as a reference and that strategies may change in a crisis based on the supplies available and other unpredictable factors.

PURPOSE:

Extend the use of Personal Protective Equipment when supplies are scarce.

GENERAL INFORMATION:

- It may be possible to designate HCP who have clinically recovered from COVID-19 to preferentially provide care for additional patients with COVID-19. Individuals who have recovered from COVID-19 infection may have developed some protective immunity.
- If possible exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
- Essential PPE supplies will be kept in locked storage with a daily assessment of the current inventory of gloves, face masks, shields, n95, surgical masks, and sanitizer made to prevent loss.
- Staff will be provided a paper bag for storage and reuse of N95 respirators
- Staff will sign for N95 and face shield upon receipt and will verbalize understanding of use.
- Staff providing care will be provided a face shield and advised to clean the shield when soiled and at end of shift. Shield is to be reused until provided a new one as supply allows.
- Every employee upon entering the building is provided a surgical mask to cover their N95. The surgical mask is to be discarded at end of shift, when soiled or after providing care to resident under droplet precautions as supplies permit
- Masks, N95 respirators, face shield and goggles are not to be shared between employees at any time.
- See policy on PPE – Personal Protective Equipment Use for additional PPE information dated 5/21/17

Reference: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/strategies-for-the-conservation-of-respiratory-ppe.pdf>

PROCEDURE:

Strategies for Reuse and Extended Use of Personal Protective Equipment (PPE) During COVID-19 Outbreak

This guidance is intended for medical directors, health care administrators, and professionals working in

Approval Date: 4/24/2020	Supersedes: 4/6/2020	Distribution: All Departments	PAGE: Page 1 of 6
Implementation Date: 4/24/2020			

Department: Infection Control - Nursing	Subject: PPE Conservation – Crisis Strategies
--	--

infectious disease, infection prevention and control, occupational health and safety, materials management and procurement.

In times of severe shortages, such as during the coronavirus disease 2019 (COVID-19) outbreak, consider contingency measures for reuse and extended use of personal protective equipment (PPE). **In general, extended use is preferred over reuse to reduce the risk of self-contamination from repeated donning (wearing) and doffing (removal) of the same equipment.** Policies on reuse and extended use of PPE should be developed in consultation with your respiratory protection program and occupational health and infection control departments with input from public health partners.

Reuse of PPE

Reuse refers to the practice of using the same PPE for multiple encounters with patients but doffing between each of those encounters. The equipment is safely stored in between patient encounters. Previously used PPE should never be taken outside of patient care areas unless the item is decontaminated or placed in a clean breathable container.

Reuse of eye protection (e.g., disposable face shields or goggles):

- Disposable face shields and non-disposable eye protection should be decontaminated and reused whenever possible provided that the integrity of the equipment remains intact and visibility is not compromised.
- Avoid touching eye protection when wearing as it should be considered contaminated. Immediately wash hands or use hand sanitizer after touching or adjusting eye protection during patient care.
- Eye protection should be decontaminated when visibly soiled or each time it is removed prior to reusing it. Store in a clean paper bag or other container between use.
 - Wipe the inside and outside of the shield with an Environmental Protection Agency (EPA)-registered hospital disinfectant and allow for drying before re-donning.
 - Suggest using Professional Disposables International, Inc. (PDI) Super Sani-Cloth wipes (or other alcohol-based wipes).
- For detailed information on cleaning and disinfecting eye protection, see: [cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html)

Reuse of isolation gowns:

- During shortages of isolation gowns, consider using washable gowns that are laundered after use.
- Reuse of single-use isolation gowns is difficult due to breakage of ties when removing, and should be avoided.
- Cloth gowns could be considered for reuse without washing if there was minimal to no direct physical contact with the patient or nearby surfaces (e.g., bedrails).
- If single-use gowns must be reused, care should be taken to minimize contact with the outside of the gown to limit self-contamination.

Reuse of face masks:

Approval Date: 4/24/2020	Supersedes: 4/6/2020	Distribution: All Departments	PAGE: Page 2 of 6
Implementation Date: 4/24/2020			

Department: Infection Control - Nursing	Subject: PPE Conservation – Crisis Strategies
--	--

- For non-COVID-19 scenarios:
 - If a face mask is used for encounters during which droplet precautions were not needed, it may be reused with appropriate donning and doffing between each patient so long as it is not visibly soiled, damaged, wet or hard to breathe through.
- When caring for confirmed or possible COVID-19 patients or other infections requiring droplet precautions:
 - Face masks may be reused with appropriate donning and doffing between each patient so long as they are not visibly soiled, damaged, wet or heard to breathe through.
When reusing face masks, avoid touching the inside surface and use a face shield during patient care, if possible, to limit contamination.
 - After use with patients with confirmed or possible COVID-19, masks should be considered contaminated. As there are no recommended decontamination procedures for masks, between use, masks should be doffed appropriately, folded so that the outside surface is inwards and stored in a clean space.

Reuse of N95 respirator masks (N95s):

- In periods of short supply, N95s should be prioritized for use with patients in intensive care units or during aerosol-generating procedures, including:
 - Endotracheal intubation and extubation
 - Non-invasive ventilation (BiPAP/CPAP)
 - Manual ventilation before intubation
 - Open suctioning
 - Bronchoscopy
 - Nebulizer treatments
 - High-flow oxygen via mask
 - Sputum induction
 - Tracheotomy
- N95s can be reused if they remain functional¹ and are used in accordance with your facility’s protocols. Reuse should be avoided after encounters with a higher risk of contamination (e.g., performing aerosol-generating procedures).
- When reuse is necessary, a barrier such as a full-face shield should be worn over the N95 to limit contamination.
- If performing aerosol-generating procedures, practice extended use of N95s over reuse. If reuse cannot be avoided, use a barrier such as a full-face shield (preferable) or face mask over the N95 to limit contamination.²
- Avoid touching the inside of the respirator and use clean gloves when donning a *used* N95 and performing a user seal check.
- Between use, N95s (labeled with the provider’s name on the strap) should be stored in a clean paper bag.
- When available, N95s can be decontaminated and reused using certain procedures such as:
 - UV light — see Nebraska Medicine protocol at

Approval Date: 4/24/2020	Supersedes: 4/6/2020	Distribution: All Departments	PAGE: Page 3 of 6
Implementation Date: 4/24/2020			

Department: Infection Control - Nursing	Subject: PPE Conservation – Crisis Strategies
--	--

nebraskamed.com/sites/default/files/documents/covid-19/n-95-decon-process.pdf.

Vaporized hydrogen peroxide — see fda.gov/emergency-preparedness-and-response/mcm-regulatory-science/investigating-decontamination-and-reuse-respirators-public-health-emergencies.

- Hot air (75 °C, 30 min, 20 cycles) — see stanfordmedicine.app.box.com/v/covid19-PPE-1-2.
- For more detailed guidance on N95 reuse and decontamination, see resources below.

Extended use of PPE

Extended use refers to the practice of wearing the same equipment for repeated encounters with patients without removing the PPE. This approach could be used while seeing multiple patients with confirmed or possible COVID-19.

- Eye protection, isolation gowns, face masks and N95s can be considered for extended use. Gloves should be changed between each patient, if possible, or perform hand hygiene (wash hands or use hand sanitizer) with gloves before and after donning and doffing if unable to change out.
 - Gowns and gloves should be changed between patients if the patient is on contact precautions for different pathogens (e.g., *Candida auris*).
- Extended use of PPE should be done in conjunction with cohorting of patients as described below.
 - Areas designated for donning and doffing should be identified for high- and moderate-risk units if extended use PPE is adopted.
- The maximal amount of time PPE can be worn continuously is not well defined. Studies show that N95s remain effective for up to 8 hours of continuous use. However, provider tolerability may limit this to shorter durations.
 - PPE equipment should be removed if the integrity is damaged, visibly soiled, wet or becomes difficult to breathe through.

Cohorting as a strategy to maximize PPE supplies

- Facilities should identify high-, moderate-, and low-risk units and begin cohorting patients accordingly.
- High-risk units (ICUs):
 - Includes patients with confirmed or possible COVID-19 who are likely to require ongoing aerosol-generating procedures (e.g., intubation, frequent suctioning or high-flow oxygen delivery).
 - Use negative pressure rooms or spaces when possible to reduce contamination of PPE.
 - PPE in these units should include eye protection, isolation gown, N95 and gloves.
 - Powered air-purifying respirators (PAPRs), when available, should be prioritized to these high-risk units. See University of Washington’s medicine resources (link below) for a PAPR hood decontamination protocol.
 - If PPE resources are limited
 - Eye protection and N95s can extend use between patients.
 - Isolation gowns should be changed between patients if supplies permit (can extend use if patient is not on contact precautions for other pathogens).

Approval Date: 4/24/2020	Supersedes: 4/6/2020	Distribution: All Departments	PAGE: Page 4 of 6
Implementation Date: 4/24/2020			

Department: Infection Control - Nursing	Subject: PPE Conservation – Crisis Strategies
--	--

- Gloves should be changed between patients if possible.
- Moderate-risk units:
 - Should include patients with confirmed or possible COVID-19 who are not critically ill and do not require ongoing aerosol-generating procedures.
 - Confirmed COVID-19 positive patients can be cohorted in the same room. If possible, isolate patients with possible COVID-19 in individual rooms until diagnosis can be confirmed.
 - PPE in these units should include face mask, eye protection, gown and gloves.
- Low-risk units:
 - Should include all other patients admitted to the hospital without confirmed or possible COVID-19 and no aerosol generating procedures are being performed.
 - PPE requirements should follow standard precautions in accordance with hospital PPE- conserving protocols.

Use of alternatives to isolation gowns during PPE shortage

In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secure.

Disposable laboratory coats

Reusable (washable) patient gowns

Reusable (washable) laboratory coats

Disposable aprons

Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:

Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats

Open back gowns with long sleeve patient gowns or laboratory coats

Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

This is a list of preferred pieces of clothing. In the absence of these, a best effort will be made using products available such as plastic coverings, ponchos, repurposed bags, etc... to provide protection to staff and resident.

Reusable patient gowns and lab coats can be safely laundered. Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles

- Systems are established to routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties) and replace reusable gowns when needed (e.g., when they are thin or ripped)

Gowns, coveralls, Tyvek type suits will be cleaned with an antimicrobial bleach wipe, alcohol spay of at least 65% alcohol or 1:10 bleach solution if intended for reuse but are not able to be laundered or subjected to heat

Approval Date: 4/24/2020	Supersedes: 4/6/2020	Distribution: All Departments	PAGE: Page 5 of 6
Implementation Date: 4/24/2020			

EPA Reg. No.	Product Name
1677-129	OXONIA ACTIVE
1677-129	OXY-SEPT 333
1677-129	COSA OXONIA ACTIVE
1677-129	PERACID V
1677-129-68959	DECON-SPORE 200 PLUS
1677-226	VIRASEPT
1677-235	BLEACH DISINFECTANT CLEANER
1677-235	RAPID FORCE DISINFECTANT
1677-235	BATH & TILE DISINFECTING CLEANER
1677-235	RESTROOM CLEANER & DISINFECTANT
1677-237	OXYCIDE DAILY DISINFECTANT CLEANER
1677-238	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT
1677-249	KLERCIDE 70/30 IPA
1677-251	PEROXIDE DISINFECTANT AND GLASS CLEANER RTU
1677-251	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT RTU
1839-220-106	PERFORMEX (R) RTU
1839-220-12017	APTER DISINFECTING CLEANER
1839-220-37549	MEDLINE MICRO-KILL R2
1839-220-40849	ZEP COMMERCIAL QUICK CLEAN DISINFECTANT
1839-220-44089	AIRX SPRAY N GO DISINFECTANT CLEANER AND ODOR COUNTERACTANT
1839-220-56782	SIMPLE GREEN CLEAN FINISH
1839-220-67297	KENCLEAN RTU ATHLETIC SURFACE DISINFECTANT CLEANER
1839-220-67619	CLOXOX COMMERCIAL SOLUTIONS CLOXOX TOTAL 360 DISINFECTANT CLEANER4
1839-220-92537	ALL PURPOSE CLEANER (ORANGE SCENT)
1839-83-10350	TB QUAT DISINFECTANT READY-TO-USE CLEANER
1839-83-10492	DISASEPTIC XRQ READY TO USE DETERGENT DISINFECTANT PUMP SPRAY
1839-83-10772	KABOOM PLUS DISINFEX 3-IN-1 BATHROOM SPRAY (FRESH SCENT)
1839-83-11703	MADACIDE-1 HOSPITAL DISINFECTANT/DECONTAMINANT CLEANER READY TO USE
1839-83-12007	READICIDE DETERGENT DISINFECTANT PUMP SPRAY
1839-83-12120	DC PLUS 2 DETERGENT DISINFECTANT
1839-83-1270	ZEP SPIRIT II
1839-83-1459	POTEN ANTIBACTERIAL HEAVY DUTY CLEANER & ODOR COUNTERACTANT
1839-83-1553	READY-SET-GO!
1839-83-1658	QT-TB
1839-83-1677	ENVERROS SANIMASTER Q
1839-83-1677	TB DISINFECTANT CLEANER READY-TO-USE

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

1839-83-18305	SIMONIZ ANTIMICROBIAL ALL PURPOSE DISINFECTANT CLEANER
1839-83-19	EMULSO SPRAY 77
1839-83-2212	LEGICIDE HB PLUS RTU - DISINFECTANT SPRAY
1839-83-2296	AVISTAT-D READY TO USE SPRAY DISINFECTANT CLEANER
1839-83-39468	RUHOF BIOCIDES DETERGENT DISINFECTANT PUMP SPRAY
1839-83-40849	ZEP ALL-PURPOSE BATHROOM DISINFECTANT CLEANER
1839-83-40849	ZEP ANTIBACTERIAL DISINFECTANT & CLEANER WITH LEMON
1839-83-41632	MICRO-CIDE RTU DETERGENT DISINFECTANT PUMP SPRAY
1839-83-4170	DISINFECTANT BETCO FIGHT BAC RTU
1839-83-44089	AIRX 75 ANTIBACTERIAL HEAVY DUTY CLEANER AND ODOR COUNTERACTANT
1839-83-45133	T B QUAT
1839-83-45745	MAXIM GSC GERMICIDAL SPRAY CLEANER
1839-83-46269	ANLAGE QTB
1839-83-527	QUAT PLUS TB
1839-83-5389	SPECIALTY DISINFECTANT AND CLEANER RTU
1839-83-5449	MICROCID TB DISINFECTANT CLEANER (CITRUS SCENT)
1839-83-559	BUCKEYE SANICARE TBX
1839-83-56753	CONFLIKT
1839-83-5741	TB-CIDE QUAT
1839-83-61282	PARVOSOL II RTU DISINFECTANT
1839-83-62512	BRIGHT N FRESH
1839-83-64174	CASTLE COMPLETE 360
1839-83-65516	EVAP-FRESH NO RINSE EVAPORATOR COIL CLEANER & DISINFECTANT
1839-83-67161	SANIZIDE PLUS GERMICIDAL SOLUTION
1839-83-67205	SWISH NON ACID BOWL & BATHROOM CLEANER
1839-83-67205	SWISH MIRACLE DISINFECTANT SPRAY 'N WIPE
1839-83-67212	BBJ MMR-II DISINFECTANT/CLEANER
1839-83-68168	NON-ACID BATHROOM CLEANER VICTORIA BAY
1839-83-68562	CONQUER TBD
1839-83-68939	CITRUS II HOSPITAL GERMICIDAL DEODORIZING CLEANER
1839-83-69268	TB DISINFECTANT
1839-83-70627	ALL-PURPOSE VIREX DISINFECTANT CLEANER
1839-83-70799	TRIPLE QUICK LAVENDER MEADOW DISINFECTING CLEANER
1839-83-70799	TRIPLE QUICK FRESH & CLEAN DISINFECTING CLEANER
1839-83-73884	FIBERLOCK IAQ 2500
1839-83-7546	READY-TO-USE DISINFECTANT CLEANER
1839-83-75686	PROPOWER ORIGINALS BOWL-CLEAN NON-ACID BOWL CLEANER READY TO USE

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

1839-83-7909	EVAP-GARD
1839-83-80366	MCKESSON PRO-TECH RTU DISINFECTANT CLEANER
1839-83-8155	QUAT TUBERCULOCIDAL HUSKY 814 *Q/T TUBERCULOCIDAL SPRAY DISINFECTANT CLEANER
1839-83-82440	RELIABLE BRAND ACTION SPRAY RTU DISINFECTANT CLEANER
1839-83-8325	FRESH BREEZE-TB RTU DETERGENT DISINFECTANT
1839-83-83908	DIC-1 SPRAY DISINFECTANT
1839-83-86226	VIRUSTAT TBQ
1839-83-86550	PROVETLOGIC PROFESSIONAL ANIMAL CARE SPRAY & WIPE DISINFECTANT CLEANER & DEODORIZER
1839-83-8714	QUATRICIDE TB
1839-83-89809	ULINE 2IN1 CLEANER AND DISINFECTANT
1839-83-9250	UNITED 282
1839-83-93115	COVERAGE SPRAY TB
4091-21	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS MULTI-PURPOSE CLEANER CITRUS SCENT
4091-21-3573	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS MULTI-PURPOSE CLEANER (CITRUS SCENT)
4091-21-3573	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS MULTI-PURPOSE CLEANER (FRESH SCENT)
4091-21-42182	PROTECTION THAT LIVES ON MICROBAN PROFESSIONAL BRAND 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS MULTI-PURPOSE CLEANER (CITRUS SCENT)
4091-22	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS BATHROOM CLEANER CITRUS SCENT
4091-22-3573	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS BATHROOM CLEANER (CITRUS SCENT)
4091-22-3573	PROTECTION THAT LIVES ON MICROBAN 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS BATHROOM CLEANER (FRESH SCENT)
4091-22-42182	PROTECTION THAT LIVES ON MICROBAN PROFESSIONAL BRAND 24 HOUR KEEPS KILLING 99.9% OF BACTERIA FOR UP TO 24 HOURS BATHROOM CLEANER (CITRUS SCENT)
42182-9-9480	SANI-24 GERMICIDAL SPRAY
47371-129-10350	NEUTRAL QUAT DISINFECTANT CLEANER CONCENTRATE
47371-129-12120	NAVIGATOR DILUTION CONTROL SYSTEM 9 MULTI-PURPOSE DISINFECTANT
47371-129-1270	ZEP MICRONEX HARD WATER FORMULATION
47371-129-1677	NEUTRAL DISINFECTANT CLEANER
47371-129-1677	20 NEUTRAL DISINFECTANT CLEANER
47371-129-18305	BLEND RITE QUAT 256
47371-129-3134	DUAL-QUAT
47371-129-48487	FRESH-GEAR
47371-129-527	SNAP ENVIRO CARE NEUTRAL DISINFECTANT

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

47371-129-5449	256 CENTURY Q (FRESH SCENT)
47371-129-559	BUCKEYE ECO NEUTRAL DISINFECTANT (E23)
47371-129-559	BUCKEYE SANICARE QUAT 256
47371-129-56473	CREW CARE NEUTRAL CLEANER DISINFECTANT
47371-129-670	SANI-CLEAN 2
47371-129-675	LYSOL BRAND I.C. QUATERNARY DISINFECTANT CLEANER
47371-129-7294	BASIC-G
47371-129-82440	RELIABLE BRAND R2 ND7 LEMON NEUTRAL DISINFECTANT CLEANER & DEODORIZER
47371-129-86226	VIRUSTAT DC PLUS
47371-129-86226	COASTWIDE PROFESSIONAL VIRUSTAT DC PLUS
47371-130-1677	OASIS 531
47371-130-4204	CONFIDENCE PLUS 2
47371-130-559	BUCKEYE SANICARE QUAT 128
47371-131-12120	DOMINATOR 64 ONE-STEP DISINFECTANT GERMICIDAL DETERGENT AND DEODORANT
47371-131-18305	QUAT 64 (PINE SCENT)
47371-131-18305	QUAT 64 (LEMON SCENT)
47371-131-40208	LIFEGUARD ONE STEP DISINFECTANT GERMICIDAL DETERGENT AND DEODORANT
47371-131-4170	PH7Q
47371-131-45133	GERMICIDAL CLEANER & DISINFECTANT D
47371-131-45133	NEUTRAL QUAT DISINFECTANT
47371-131-527	ENVIRO CARE NEUTRAL DISINFECTANT
47371-131-527	ENVIRO CARE NEUTRAL DISINFECTANT
47371-131-541	TRIPLE PLAY
47371-131-541	MULTI-PURPOSE NEUTRAL PH GERMICIDAL DETERGENT
47371-131-559	BUCKEYE SANICARE MINT QUAT
47371-131-559	BUCKEYE SANICARE PINE QUAT
47371-131-559	BUCKEYE SANICARE LEMON QUAT
47371-131-61617	AUSTRALIAN GOLD PH NEUTRAL DISINFECTANT SANITIZER
47371-131-7546	PINE CLEANER DISINFECTANT
47371-131-7546	SANIFECT PLUS 2 FRESH 'N CLEAN
47371-131-7546	SANIFECT PLUS 1
47371-131-7546	EXTRA SPEARMINT SCENTED GERMICIDAL DETERGENT AND DEODORANT
47371-131-7546	MIXMATE SANITATION SYSTEM GERMICIDAL CLEANER
47371-131-7546	LEMON CLEANER DISINFECTANT
47371-131-81867	PINE COVE
47371-131-86226	LEMON DC PLUS
47371-131-86226	COASTWIDE PROFESSIONAL LEMON DC PLUS

47371-131-86226	PINE DC PLUS
47371-192-10807	MISTY BIODET ND32 - PINE
47371-192-10807	MISTY BIODET ND32 - LEMON
47371-192-4170	BETCO PINE QUAT
47371-192-82440	RELIABLE BRAND PINE MULTI-SURFACE DISINFECTANT CLEANER
56392-7	DISPATCH HOSPITAL CLEANER DISINFECTANT WITH BLEACH [CALTECH]
56392-7	DISPATCH HOSPITAL CLEANER DISINFECTANT WITH BLEACH
56392-7	DISPATCH BY CLOROX BLEACH GERMICIDAL CLEANER
56392-7	CLOROX HEALTHCARE BLEACH GERMICIDAL CLEANER
5813-105	CLOROX KITCHEN CLEANER + BLEACH1 (FLORAL SCENT)
5813-105	CLOROX BLEACH KITCHEN CLEANER (FLORAL SCENT)
5813-105	CLOROX MULTI-SURFACE CLEANER + BLEACH
5813-105	CLOROX CARECONCEPTS GERMICIDAL BLEACH SPRAY
5813-110	CLOROX PET SOLUTIONS ADVANCED FORMULA DISINFECTING STAIN & ODOR REMOVER
5813-111	CLOROX DISINFECTING BLEACH2
5813-111	CLOROX MOLD ELIMINATOR
5813-111	CLOROX REGULAR BLEACH2
5813-114	CLOROX GERMICIDAL BLEACH3
5813-114	CLOROX PERFORMANCE BLEACH1
5813-115	CLOROX SCENTIVA BATHROOM DISINFECTING FOAM CLEANER (FRESH BRAZILIAN BLOSSOMS)
5813-115	CLOROX SCENTIVA BATHROOM DISINFECTING FOAM CLEANER (PACIFIC BREEZE & COCONUT)
5813-115	CLOROX SCENTIVA BATHROOM DISINFECTING FOAM CLEANER (TUSCAN LAVENDER & JASMINE)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (FRESH SCENT)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (CRISP LEMON)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (CITRUS SCENT)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (ORIGINAL)
5813-21	CLOROX BLEACH FOAMER (LEMON SCENT)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (FRESH BREEZE)
5813-21	CLOROX CLEAN-UP CLEANER + BLEACH1 (LEMON SCENT)
5813-21	CLOROX CLEAN-UP CLEANER WITH BLEACH (FRESH SCENT)
5813-21	CLOROX CLEAN-UP CLEANER WITH BLEACH (ORIGINAL)
5813-40	CLOROX DISINFECTING BATHROOM CLEANER
5813-40	CLOROX DISINFECTING BATHROOM CLEANER (REFILL)
5813-40	CLOROX SCENTIVA BATHROOM DISINFECTANT FOAMER (TUSCAN LAVENDER & JASMINE)
5813-40	CLOROX BATHROOM DISINFECTING CLEANER (ORIGINAL)
5813-40	TILEX BATHROOM CLEANER (LEMON SCENT)
5813-40	CLOROX DISINFECTING BATHROOM BLEACH-FREE CLEANER

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

5813-40	CLOROX PLUS TILEX BATHROOM CLEANER (LEMON SCENT)
5813-40-67619	CLOROXPRO TILEX DISINFECTING SOAP SCUM REMOVER
5813-40-67619	CLOROX COMMERCIAL SOLUTIONS TILEX SOAP SCUM REMOVER & DISINFECTANT
5813-40-67619	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING BATHROOM CLEANER
5813-40-67619	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING BATHROOM CLEANER (REFILL)
5813-79	CLOROX DISINFECTING WIPES1 (LAVENDER SCENT)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS (CITRUS BLEND)
5813-79	CLOROX DISINFECTING WIPES3 (CITRUS BLEND)
5813-79	CLOROX DISINFECTING WIPES8 (FRESH SCENT)
5813-79	CLOROX DISINFECTING WIPES8 (CRISP LEMON)
5813-79	CLOROX DISINFECTING WIPES1 (ORANGE FUSION)
5813-79	CLOROX DISINFECTING WIPES3 (LEMON ZEST)
5813-79	CLOROX SCENTIVA DISINFECTING WIPES1 (TUSCAN LAVENDER & JASMINE)
5813-79	CLOROX SCENTIVA DISINFECTING WIPES1 (FRESH BRAZILIAN BLOSSOMS)
5813-79	CLOROX SCENTIVA DISINFECTING WIPES1 (PACIFIC BREEZE & COCONUT)
5813-79	CLOROX DISINFECTING WIPES1 (FRESH LAVENDER)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS2 (CRISP LEMON)
5813-79	CLOROX SCENTIVA DISINFECTING WIPES1 (HAWAIIAN SUNSHINE)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS (LEMON FRESH)
5813-79	CLOROX DISINFECTING WIPES1 (FRESH SCENT)
5813-79	CLOROX DISINFECTING WIPES3 (MORNING FRESH)
5813-79	CLOROX ULTRA CLEAN DISINFECTING WIPES (LEMON TWIST)
5813-79	CLOROX DISINFECTING WIPES8 (ORANGE FUSION)
5813-79	CLOROX DISINFECTING WIPES1 (CITRUS BLEND)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS (FRESH SCENT)
5813-79	CLOROX DISINFECTING WIPES1 (CRISP LEMON)
5813-79	CLOROX DISINFECTING WIPES3 (CRISP LEMON)
5813-79	CLOROX SCENTIVA DISINFECTING WIPES 1 (TAHITIAN GRAPEFRUIT SPLASH)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS2 (CITRUS BLEND)
5813-79	CLOROX DISINFECTING WIPES4 (CLASSIC CLEAN)
5813-79	CLOROX DISINFECTING WIPES3 (FRESH SCENT)
5813-79	CLOROX ULTRA CLEAN DISINFECTING WIPES (FRESH BREEZE)
5813-79	CLOROX DISINFECTING WIPES WITH MICRO-SCRUBBERS (CRISP LEMON)
5813-79	CLOROX DISINFECTING WIPES1 (SERENE CLEAN)
5813-79	CLOROX DISINFECTING WIPES1 (ORANGE SCENT)
5813-79	CLOROX DISINFECTING WIPES3 (ORANGE FUSION)
5813-79	CLOROX DISINFECTING WIPES1 (LEMON FRESH)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

5813-79	CLOROX DISINFECTING WIPES WITH ULTRA STRENGTH BLUE FIBERS (CRISP LEMON)
5813-89	CLOROX TOILET BOWL CLEANER-WITH BLEACH (FRESH SCENT)
5813-89	CLOROX TOILET BOWL CLEANER-CLINGING BLEACH GEL (CRISP LEMON SCENT)
5813-89	CLOROX TOILET BOWL CLEANER BLEACH (RAIN CLEAN)
5813-89	CLOROX TOILET BOWL CLEANER-WITH BLEACH (RAIN CLEAN)
5813-89	CLOROX TOILET BOWL CLEANER-CLINGING BLEACH GEL (COOL WAVE SCENT)
5813-89	CLOROX TOILET BOWL CLEANER CLINGING BLEACH GEL (OCEAN MIST)
5813-89	CLOROX TOILET BOWL CLEANER BLEACH (FRESH BREEZE)
63761-10	STERILEX ULTRA STEP
63761-10-1677	BOOST SURFACE TREATMENT
63761-8	STERILEX ULTRA CIP
63761-8	STERILEX ULTRA DISINFECTANT CLEANER SOLUTION 1
63761-8-1270	MICROSOLVE DISINFECTANT CLEANER
63761-8-1677	BOOST 3200 CIP
63761-8-1677	BOOST 3200
675-54	PROFESSIONAL LYSOL BRAND DISINFECTANT HEAVY DUTY BATHROOM CLEANER
67619-12	CLOROX COMMERCIAL SOLUTIONS CLOROX GERMICIDAL WIPES
67619-12	CLOROX HEALTHCARE BLEACH GERMICIDAL WIPES
67619-12-5813	CLOROX BLEACH WIPES
67619-16	CLOROX COMMERCIAL SOLUTIONS CLOROX TOILET BOWL CLEANER WITH BLEACH 1
67619-17	CLOROX COMMERCIAL SOLUTIONS CLOROX CLEAN-UP DISINFECTANT CLEANER WITH BLEACH 1
67619-17	CLOROXPRO CLOROX CLEAN-UP DISINFECTANT CLEANER WITH BLEACH
67619-21	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING SPRAY
67619-24	CLOROX HEALTHCARE HYDROGEN PEROXIDE CLEANER DISINFECTANT
67619-24	CLOROX COMMERCIAL SOLUTIONS CLOROX HYDROGEN PEROXIDE DISINFECTING CLEANER
67619-25	CLOROX COMMERCIAL SOLUTIONS CLOROX HYDROGEN PEROXIDE DISINFECTING WIPES
67619-25	CLOROX HEALTHCARE HYDROGEN PEROXIDE CLEANER DISINFECTANT WIPES (ORIGINAL SCENT)
67619-25	CLOROX HEALTHCARE HYDROGEN PEROXIDE CLEANER DISINFECTANT WIPES
67619-29	CLOROXPRO CLOROX 4 IN ONE DISINFECTANT AND SANITIZER (FRESH CITRUS SCENT)
67619-29	CLOROX HEALTHCARE CITRACE HOSPITAL DISINFECTANT AND DEODORIZER (CITRUS SCENT)
67619-29	CLOROX COMMERCIAL SOLUTIONS CLOROX 4 IN ONE DISINFECTANT AND SANITIZER (FRESH CITRUS SCENT)
67619-29	CLOROX HEALTHCARE CITRACE HOSPITAL DISINFECTANT & SANITIZER (CITRUS SCENT)
67619-29	CLOROXPRO CLOROX 4 IN ONE DISINFECTANT AND SANITIZER (LAVENDER SCENT)
67619-29	CLOROX CARECONCEPTS DISINFECTING & DEODORIZING SPRAY
67619-29-5813	CLOROX 4 IN ONE DISINFECTING SPRAY (CITRUS SCENT)
67619-29-5813	CLOROX FABRIC SANITIZER1 (LAVENDER SCENT)
67619-30	CLOROX HEALTHCARE FUZION CLEANER DISINFECTANT

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

67619-31	CLOXPRO CLOROX DISINFECTING WIPES (FRESH SCENT)
67619-31	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING WIPES1 (LEMON FRESH)
67619-31	CLOROX HEALTHCARE DISINFECTING WIPES1
67619-31	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING WIPES1 (FRESH SCENT)
67619-31	CLOROXPRO CLOROX DISINFECTING WIPES (LEMON FRESH)
67619-32	CLOXPRO CLOROX GERMICIDAL BLEACH
67619-32	CLOROX COMMERCIAL SOLUTIONS CLOROX GERMICIDAL BLEACH
67619-33	CLOROXPRO CLOROX DISINFECTING BIO STAIN & ODOR REMOVER
67619-33	CLOROX COMMERCIAL SOLUTIONS CLOROX DISINFECTING BIO STAIN & ODOR REMOVER
67619-37	CLOROX HEALTHCARE VERSASURE ALCOHOL-FREE CLEANER DISINFECTANT WIPES
67619-38	CLOROXPRO CLOROX TOTAL 360 DISINFECTANT CLEANER1
67619-38	CLOROX COMMERCIAL SOLUTIONS CLOROX TOTAL 360 DISINFECTANT CLEANER1
6836-140-1020	STERIDET PLUS
6836-140-11547	VIRO-STAT ONE-STEP DISINFECTANT
6836-140-56782	SIMPLE GREEN D PRO 5
6836-140-68562	VANQUISH
6836-140-9619	GC-2030
6836-152-11547	VIRO-STAT RTU
6836-152-1270	ZEP AVIATION RTU CLEANER DISINFECTANT
6836-152-40020	HOMELINE ORIGINAL PINE SCENTED CLEANER
6836-152-4091	ODOR GENIE MOLD ODOR DESTROYER (CITRUS SCENT)
6836-152-4091	ODOR GENIE MOLD ODOR DESTROYER (FRESH SCENT)
6836-152-44543	KOMODO-SAN
6836-152-49827	PREMIUM PINE GLO ANTIBACTERIAL KITCHEN AND BATHROOM CLEANER AND DISINFECTANT
6836-152-49827	PINE GLO FRESH CITRUS SCENT ANTIBACTERIAL & DISINFECTANT ALL PURPOSE CLEANER
6836-152-49827	PINE GLO ORANGE ANTIBACTERIAL KITCHEN & BATHROOM CLEANER AND DISINFECTANT
6836-152-49827	PINE GLO OCEAN ANTIBACTERIAL KITCHEN AND BATHROOM CLEANER AND DISINFECTANT
6836-152-49827	PINE GLO ANTIBACTERIAL KITCHEN & BATHROOM CLEANER AND DISINFECTANT
6836-152-49827	PINE GLO ANTIBACTERIAL FLOOR CLEANER & DISINFECTANT
6836-152-49827	ANTIBACTERIAL LEMON FRESH PINE GLO (KITCHEN & BATHROOM CLEANER & DISINFECTANT)
6836-152-49827	PINE GLO LAVENDER ANTIBACTERIAL KITCHEN & BATHROOM CLEANER AND DISINFECTANT
6836-152-63836	FOSTER FIRST DEFENSE
6836-152-74518	FRESH CITRUS SCENT SPIC & SPAN EVERYDAY ANTIBACTERIAL SPRAY CLEANER
6836-152-74518	SPIC AND SPAN EVERYDAY ANTIBACTERIAL CLEANER (LEMON SCENT)
6836-152-74518	SPIC AND SPAN EVERYDAY ANTIBACTERIAL CLEANER (FRESH CITRUS SCENT)
6836-152-80306	SPIC AND SPAN EVERYDAY ANTIBACTERIAL CLEANER LEMON SCENT
6836-152-80306	SPIC AND SPAN EVERYDAY ANTIBACTERIAL CLEANER FRESH CITRUS SCENT

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

6836-152-8155	EVERYDAY NON-ACID HUSKY 319 E/N/A DISINFECTANT CLEANER
6836-152-82613	PROTEX DISINFECTANT SPRAY
6836-152-8370	SANI-SPRITZ SPRAY
6836-152-85342	WET & FORGET INDOOR MOLD + MILDEW DISINFECTANT CLEANER
6836-152-89301	CLEAR GEAR SPORTS SPRAY (FRESH SCENT)
6836-152-91579	ANTI 3 PROTECT SERIES DISINFECTANT DEODORIZING EQUIPMENT SPRAY
6836-152-93115	COVERAGE SPRAY HB PLUS
6836-152-9619	GC-2100
6836-266-1020	OAKITE SANITIZER 4
6836-266-1674	105 SANITIZER
6836-266-4170	BETCO SYMPPLICITY SANIBET MULTI-RANGE
6836-266-5389	KAYQUAT II
6836-266-559	BUCKEYE ECO LIQUID DISH SANITIZER
6836-266-559	BUCKEYE ECO SANITIZER
6836-266-559	BUCKEYE SANI-Q2
6836-266-63679	KC-684
6836-266-70627	G-5 SANITIZER
6836-266-89129	SINK SANITIZER
6836-266-9619	GC-2010
6836-278-3573	CLEAN QUICK BROAD RANGE QUATERNARY SANITIZER
6836-302-1677	SANITIZER
6836-302-89129	HARD SURFACE SANITIZER
6836-305-1677	SUPER SAN FOOD SERVICE SANITIZER
6836-305-5389	CLICKSAN DISINFECTANT/SANITIZER
6836-313-41348	GREAT VALUE FRESH SCENT DISINFECTING WIPES
6836-313-41348	DISINFECTING WET MOPPING CLOTHS
6836-313-41348	GREAT VALUE LEMON SCENT DISINFECTING WIPES
6836-313-41348	GREAT VALUE ORANGE SCENT DISINFECTING WIPES
6836-313-559	BUCKEYE SANICARE DISINFECTING WIPES
6836-313-70930	HIGHMARK DISINFECTING WIPES
6836-313-777	LYSOL KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTING WIPES LAVENDER SCENT
6836-313-777	LYSOL KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTING WIPES LEMON SCENT
6836-313-82206	BIG WIN DISINFECTANT WIPES (FRESH SCENT)
6836-313-82206	HDX ANTIBACTERIAL DISINFECTING WIPES (LEMON SCENT)
6836-313-82206	EXCHANGE SELECT DISINFECTANT WIPES (LEMON SCENT)
6836-313-82206	HDX ANTIBACTERIAL DISINFECTING WIPES (FRESH SCENT)
6836-313-82206	GLO DISINFECTANT WIPES (LEMON SCENT)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

6836-313-82206	SMART VALUES DISINFECTING WIPES (FRESH SCENT)
6836-313-82206	BIG WIN DISINFECTANT WIPES (LEMON SCENT)
6836-313-86339	ABC EXTRA WIPES
6836-313-87932	ZOOM WIPES EVOLUTION
6836-313-90162	BRAWNY GIANT DURABLE WIPES (CITRUS SCENT)
6836-313-91910	MONK DISINFECTANT WIPES
6836-340-11547	PATHOS II DISINFECTANT WIPES
6836-340-11694	SCRUBS MEDAPHENE PLUS DISINFECTING WIPES (FRESH LEMON SCENT)
6836-340-12120	SSS TRIPLE S DISINFECTING WIPES (FRESH LEMON SCENT)
6836-340-1553	WIPE OUT! DISINFECTING WIPES2 (LEMON SCENTED)
6836-340-1677	I7 DISINFECTANT WIPES (LEMON SCENT)
6836-340-1677	MULTI PURPOSE DISINFECTING WIPES (CITRUS & LIGHT SCENT)
6836-340-40976	BROAD SPECTRUM GERMICIDAL DISINFECTANT HEALTH CARE WIPES
6836-340-5449	CENTURY Q WIPES DISINFECTANT WIPES (FRESH FRAGRANCE)
6836-340-5741	HARD SURFACE SANITIZING WIPES (CITRUS SCENT)
6836-340-6165	SIMPLY DONE READY FOR LIFE DISINFECTING WET CLOTH SWEEPER REFILLS
6836-340-68562	SPEC4 DISINFECTANT WIPES
6836-340-706	CLAIRE BROAD SPECTRUM GERMICIDAL & DISINFECTANT WIPE
6836-340-70930	FLEX WIPES DISINFECTANT WIPES
6836-340-74058	HANDYCLEAN STERIDOL WIPES (ULTRA FRESH CITRUS SCENT)
6836-340-75399	WIPESPLUS DISINFECTING WIPES1 (FRESH SCENT)
6836-340-82144	ANTIBACTERIAL FORCE WIPES
6836-340-82206	NICE! MULTI-PURPOSE DISINFECTING WIPES (LEMON SCENT)
6836-340-82206	NICE! MULTI-PURPOSE DISINFECTING WIPES (FRESH SCENT)
6836-340-82206	ACE QUALITY SINCE 1924 DISINFECTANT WIPES (LEMON SCENT)
6836-340-82613	PROTEX ULTRA DISINFECTANT WIPES
6836-340-86226	STAPLES DISINFECTING WIPES (FRESH SCENT)
6836-340-86226	PERK DISINFECTING WIPES (FRESH SCENT)
6836-340-86226	PERK DISINFECTING WIPES (LEMON SCENT)
6836-340-86226	STAPLES DISINFECTING WIPES (LEMON SCENT)
6836-340-8856	SPRAYWAY ALL PURPOSE CLEANER WIPES (FRESH SCENT)
6836-340-88919	DURISAN DISINFECTANT WIPES
6836-340-89018	SONO ULTRASOUND WIPES
6836-340-89018	SONO DISINFECTING WIPES
6836-340-92977	TOUCHPOINTPLUS
6836-340-93267	TROPHON COMPANION CLEANING WIPES
6836-340-93423	ROXTON DISINFECTANT WIPES

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

6836-349-10350	3M DISINFECTANT CLEANER RCT CONCENTRATE
6836-349-12120	NAVIGATOR DILUTION CONTROL SYSTEM 3X RENEGADE DAILY ONE-STEP DISINFECTANT
6836-349-1658	Q.T. 3
6836-349-1677	14 PLUS ANTIBACTERIAL ALL PURPOSE CLEANER
6836-349-37549	MICRO-KILL Q3 CONCENTRATED DISINFECTANT, CLEANER & DEODORIZER
6836-349-4170	BETCO TRIFORCE
6836-349-70627	VIREX PLUS
6836-361-10350	3M MBS DISINFECTANT CLEANER CONCENTRATE
6836-361-10350	3M MBS DISINFECTANT CLEANER FRESH SCENT CONCENTRATE
6836-361-4170	BETCO QUAT-STAT 5
6836-364-106	PERFORMEX (R)
6836-364-37549	MEDLINE MICRO-KILL NQ5
6836-364-7294	BASIC-G+
6836-365-14539	CERTO RDT-5 DISINFECTANT
6836-365-5449	128 E-FECTICIDE
6836-365-79687	SANIMASTER 7
6836-70-1677	SANI QUAD FOOD SERVICE SANITIZER
6836-70-18305	BLEND RITE SYN QUAT SANITIZER
6836-70-48211	PRO-CON SYSTEMS CLEAR
6836-70-48211	GRADE A
6836-70-48211	OPTI-PAK NO-RINSE SANITIZER
6836-70-5389	KAY SURFACE SANITIZER
6836-70-541	FOOD CONTACT QUAT SANITIZER
6836-70-67395	QUAT-7 QUATERNARY NO RINSE SANITIZER
6836-70-70627	CONTROL PLUS DISINFECTANT/SANITIZER
6836-70-833	VIGIL-QUAT
6836-70-90566	MANITOWOC ICE MACHINE SANITIZER
6836-75-45133	NON-ACID RESTROOM CLEANER DISINFECTANT P
6836-75-45556	CEN-KLEEN IV
6836-75-47567	MINT DISINFECTANT PLUS
6836-75-559	BUCKEYE TERMINATOR
6836-75-63836	FIRST DEFENSE DISINFECTANT CONCENTRATE
6836-75-70627	WIDE RANGE II NON-ACID DISINFECTANT WASHROOM CLEANER CONCENTRATE
6836-75-7546	MIXMATE SANITATION SYSTEM NON-ACID RESTROOM CLEANER DISINFECTANT
6836-75-91579	ANTI 3 PROTECT SERIES DISINFECTANT DEODORIZING CLEANER CONCENTRATE
6836-77-10118	WHIZER
6836-77-10648	TEC-QUAT 128

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

6836-77-1658	Q.T. PLUS
6836-77-48211	MULTI-QUAT MEGA 1
6836-77-70397	OPI SPA COMPLETE
6836-78-10350	3M QUAT DISINFECTANT CLEANER CONCENTRATE
6836-78-10637	TOUGH GUY CONCENTRATED DISINFECTANT ONE-STEP DISINFECTANT
6836-78-1270	ZEP TRITON
6836-78-1677	A-456 II DISINFECTANT CLEANER
6836-78-1677	OASIS 499 HBV DISINFECTANT
6836-78-1677	QUATERNARY DISINFECTANT CLEANER
6836-78-4170	QUAT STAT SC
6836-78-559	BUCKEYE ECO ONE-STEP DISINFECTANT-DEODORIZER-CLEANER
6836-78-61282	BIOSENTRY 904 DISINFECTANT
6836-78-74642	CALIFORNIA TAN DISINFECTING/SANITIZING CONCENTRATE
6836-78-86226	HEPASTAT 256
6836-78-86226	COASTWIDE PROFESSIONAL HEPASTAT 256
6836-78-89900	QUATERNARY DISINFECTANT CLEANER
70627-24	DIMENSION 256 NEUTRAL DISINFECTANT CLEANER (BUTCHERS)
70627-24	256 NEUTRAL DISINFECTANT CLEANER (RENOWN)
70627-24	256 NEUTRAL DISINFECTANT CLEANER (BUTCHERS)
70627-24	VIREX II 256
70627-24	DIMENSION 256 NEUTRAL DISINFECTANT CLEANER (RENOWN POWERED BY BUTCHERS)
70627-56	OXIVIR TB
70627-58	OXIVIR FIVE 16 CONCENTRATE
70627-60	OXIVIR TB WIPES
70627-72	AVERT SPOICIDAL DISINFECTANT CLEANER
70627-74	OXIVIR 1
70627-77	OXIVIR 1 WIPES
71847-6-10350	3M C. DIFF SOLUTION TABLETS
71847-6-106	BRUTAB 6S
71847-6-46552	TEXTAB TX 6460
71847-6-68562	CDIFF DISINFECTANT TABLETS
71847-6-82144	CDIFFEND
71847-6-91038	CHLORINATED DISINFECTING TABLETS
71847-6-91524	PURTABS
71847-6-9250	UNITED 258 STAT-TABS DISINFECTANT TABLETS
71847-6-94136	DEFENSE DISINFECTANT TABLETS
71847-7-106	BRU-CLEAN TBC 2

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

71847-7-70627	TITAN TABS SPORICIDAL DISINFECTANT CLEANER
71847-7-91524	PUR-ONE
71847-7-92281	DEFENDER
71847-7-94101	KLORESE
777-127	BERRY AND BASIL SCENT LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST
777-127	DISINFECTANT SPRAY II GARDEN AFTER THE RAIN SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-127	TROPICAL SCENT LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAXCOVER MIST
777-127	DISINFECTANT SPRAY II LAVENDER FIELDS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-127	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST (GARDEN AFTER THE RAIN SCENT)
777-127	DISINFECTANT SPRAY II SUNDRENCHED LINEN SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-127	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST (LAVENDER FIELDS SCENT)
777-127	COUNTRY SCENT LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAXCOVER MIST
777-127	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST BRAND NEW DAY
777-127	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST (WHITE SAILS & OCEAN AIR SCENT)
777-127	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT MAX COVER MIST BRIGHTER HORIZON
777-132	TOILET BOWL CLEANER VII ATLANTIC FRESH SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-132	TOILET BOWL CLEANER VII LAVENDER FIELDS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-70	TOILET BOWL CLEANER MANGO & HIBISCUS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-70	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN & FRESH TOILET BOWL LAVENDER FIELDS SCENT
777-70	TOILET BOWL CLEANER OCEAN FRESH SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-70	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN & FRESH TOILET BOWL CLEANER COUNTRY SCENT
777-70	TOILET BOWL CLEANER FOREST RAIN SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-70	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN & FRESH TOILET BOWL CLEANER OCEAN FRESH SCENT
777-70	TOILET BOWL CLEANER LAVENDER FIELDS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-81	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA POWER TOILET BOWL CLEANER
777-81	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA LIME & RUST TOILET BOWL CLEANER
777-81-675	PROFESSIONAL LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT TOILET BOWL CLEANER
777-81-675	PROFESSIONAL LYSOL BRAND DISINFECTANT KILLS 99.9% OF VIRUSES & BACTERIA TOILET BOWL CLEANER COMPLETE CLEAN POWER
777-83	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA POWER WHITE & SHINE MULTI-PURPOSE CLEANER WITH BLEACH
777-83	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA BLEACH MULTI-PURPOSE CLEANER
777-83	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA MOLD & MILDEW FOAMER WITH BLEACH
777-83	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA MOLD & MILDEW BLASTER BLEACH & SHINE
777-83-675	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA MOLD & MILDEW REMOVER COMPLETE CLEAN WITH BLEACH
777-83-675	PROFESSIONAL LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT ALL PURPOSE CLEANER WITH BLEACH
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER SPARKLING LEMON & SUNFLOWER ESSENCE SCENT

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

777-89	MULTI-SURFACE CLEANER MANGO & HIBISCUS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA ** POWER & FRESH MULTI-SURFACE CLEANER - FRESH SCENT
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER -HAWAII SUNSET ESSENCE SCENT
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER LAVENDER & ORCHID ESSENCE SCENT
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER TANGARINE & MANGO ESSENCE SCENT
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN & FRESH MULTI-SURFACE CLEANER COOL ADIRONDDACK AIR SCENT
777-89	MULTI-SURFACE CLEANER MANDARIN & GINGER LILY SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER CHERRY BLOSSOM & POMEGRANATE SCENT
777-89	LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA CLEAN AND FRESH MULTI-SURFACE CLEANER WATERFALL SPLASH & MINERAL ESSENCE SCENT
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY LIGHTLY SCENTED ADIRONDDACK COOL AIR SCENT
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY LEMON BREEZE SCENT
777-99	DISINFECTANT SPRAY BERRY & BASIL SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (SPRING WATERFALL SCENT)
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (CITRUS MEADOWS SCENT)
777-99	DISINFECTANT SPRAY TROPICAL BREEZE SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	DISINFECTANT SPRAY MANGO & HIBISCUS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (CHERRY BLOSSOM & POMEGRANATE SCENT)
777-99	DISINFECTANT SPRAY MANDARIN & GINGER LILY SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (EARLY MORNING BREEZE SCENT)
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY FOR BABY'S ROOM
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY LIGHTLY SCENTED (SERENE LAVENDER BREEZE SCENT)
777-99	DISINFECTANT SPRAY FRESH CUT HERBS & JASMINE SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (CRISP LINEN SCENT)
777-99	LYSOL BRAND III KILLS 99% OF VIRUSES & BACTERIA DISINFECTANT SPRAY -JASMINE & RAIN SCENT
777-99	DISINFECTANT SPRAY CUCUMBER & BASIL SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	DISINFECTANT SPRAY PEAR & PEONY SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES AND BACTERIA DISINFECTANT SPRAY TO GO - CRISP LINEN SCENT
777-99	DISINFECTANT SPRAY DRIFTWOOD WATERS SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	DISINFECTANT SPRAY GREEN APPLE & ALOE SCENT LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY LIGHTLY SCENTED CRYSTAL WATERS SCENT
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTING SPRAY CRISP MOUNTAIN AIR SCENT
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (VANILLA & BLOSSOMS SCENT)
777-99	LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY (SUMMER BREEZE SCENT)
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - CRISP LINEN SCENT (KILLS THE SOURCE OF MOLD ALLERGENS)

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - CRISP LINEN SCENT (KILLS COLD & FLU VIRUSES)
777-99-675	LYSOL BRAND III I.C. DISINFECTANT SPRAY
777-99-675	PROFESSIONAL LYSOL BRAND KILLS 99.9% OF VIRUSES & BACTERIA I.C. DISINFECTANT SPRAY HOSPITAL DISINFECTANT
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - SPRING WATERFALL SCENT (KILLS COLD & FLU VIRUSES)
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - COUNTRY SCENT (KILLS COLD & FLU VIRUSES)
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - FRESH SCENT (KILLS COLD & FLU VIRUSES)
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - CRYSTAL WATERS SCENT
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - EARLY MORNING BREEZE SCENT (KILLS COLD & FLU VIRUSES)
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY LAVENDER SCENT
777-99-675	PROFESSIONAL LYSOL BRAND III KILLS 99.9% OF VIRUSES & BACTERIA DISINFECTANT SPRAY - ORIGINAL SCENT (KILLS COLD & FLU VIRUSES)
84368-1-84150	PURELL MULTI SURFACE DISINFECTANT (FRAGRANCE FREE)
84368-1-84150	PURELL MULTI SURFACE DISINFECTANT (FRESH)
84368-1-84150	PURELL FOODSERVICE SURFACE SANITIZER (FRAGRANCE FREE)
84368-1-84150	PURELL HEALTHCARE SURFACE DISINFECTANT (FRAGRANCE FREE)
84368-1-84150	PURELL MULTI SURFACE DISINFECTANT (CITRUS)
84368-1-84150	PURELL PROFESSIONAL SURFACE DISINFECTANT (FRESH CITRUS SCENT)
84368-1-84150	PURELL FOOD PROCESSING SURFACE SANITIZER
88494-3-11547	ORACLE 1
88494-3-67161	SANIZIDE PRO 1 READY-TO-USE LIQUID DISINFECTANT
88494-3-8383	CONTEC CYQUANOL
88494-3-8383	CONTEC HEALTHCARE TB1-3300 DISINFECTANT
88494-3-93710	MEDICOM PRO-SURFACE DISINFECTANT SPRAY
88494-4-67161	SANIZIDE PRO 1 SURFACE DISINFECTANT WIPES
88494-4-93710	MEDICOM PRO-SURFACE DISINFECTANT WIPES
9480-10	SANI-PRIME GERMICIDAL SPRAY
9480-12	SANI-CLOTH PRIME GERMICIDAL DISPOSABLE WIPE
9480-14	SANI-HYPERCIDE GERMICIDAL SPRAY