

Infection Control for Field-based medical personnel

If information about potential for COVID-19 has not been provided, clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.

Clinical Syndrome or Condition	Potential Pathogens	Empiric Precautions	PPE
<ul style="list-style-type: none"> Confirmed, COVID+ person with <u>respiratory symptoms</u> Person under investigation for COVID-19 (awaiting tests) with <u>respiratory symptoms</u> 	<p><i>COVID-19</i></p> <p>Other respiratory viruses</p>	<p>Droplet, plus Contact Precautions</p> <p>If person is comfortable wearing a surgical/fluid facemask, assist them with applying. If a nasal cannula is in place, a facemask should be worn over the nasal cannula.</p> <p>Alternatively, an oxygen mask can be used if clinically indicated</p> <p>Avoid performing aerosol-generating procedures</p> <p><u>*If intubation or aerosol-generating procedures are to be performed, Gown and N-95 should be worn</u></p>	<p>N-95*</p> <p>Facemask</p> <p>Gloves</p> <p>Goggles</p> <p>Gown*</p>

Reference:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

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		Limit the number of providers and <u>Do Not</u> allow family to ride in compartment with patient	
<ul style="list-style-type: none"> Fever, mild to severe respiratory symptoms with travel history healthcare worker close contact to person with COVID-19 (+) test result currently under testing for COVID-19 	<p>COVID-19, or Influenza Virus, adenovirus, respiratory syncytial virus.</p> <p>M. tuberculosis, S. pneumoniae, S. aureus (MSSA or MRSA)</p>	<p>Droplet plus Contact Precautions</p> <p>If person is comfortable wearing a surgical/fluid facemask, assist them with applying. If a nasal cannula is in place, a facemask should be worn over the nasal cannula.</p> <p>Alternatively, an oxygen mask can be used if clinically indicated</p> <p>Avoid performing aerosol-generating procedures</p> <p><u>*If intubation or aerosol-generating procedures are to be performed, Gown and N-95 should be worn</u></p>	<p>N-95*</p> <p>FaceMask</p> <p>Gloves</p> <p>Goggles</p> <p>Gown*</p>
<ul style="list-style-type: none"> Person with respiratory symptoms: Cough, shortness of breath, producing sputum 	<p>Influenza Virus, adenovirus, respiratory syncytial virus.</p> <p>M. tuberculosis, S. pneumoniae, S. aureus (MSSA or MRSA)</p>	<p>Standard and</p> <p>*Droplet Precautions for close contact</p>	<p>Gloves</p> <p>Goggles</p> <p>FaceMask*</p>

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Person without respiratory symptoms, other illness		Standard Precautions <i>Hand Hygiene-Soap and water</i>	Gloves
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***Updated PPE recommendations for the care of patients with known or suspected COVID-19:**

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- **In the event your agency does not have gowns:**
 - Avoid administering nebulized treatments (this guidance was implemented January 28th, 2020)
 - Monitor your uniform for any wet contact, splashes, etc. If you have any wet contact/contamination, change your clothes, disinfect, and wear your backup uniform.
 - Soiled uniform should be laundered in hot water ASAP or at end of shift.

Standard Precautions- Used for care of all patients. Consider all body fluids infectious (except sweat). Includes hand hygiene and barrier protective equipment that is determined by the situation i.e. gloves for anticipated contact with blood and body fluids. Mask and eye protection if splash, splatter or sprays are reasonably anticipated, Gloves and gown for open, draining wounds and fecal incontinence. Mask for new onset or exacerbation of respiratory secretions. Proper use and handling of patient care equipment, proper

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environmental cleaning and disinfection, proper handling of linen. Patient placement to minimize disease transmission. Includes respiratory hygiene and cough etiquette. Safe injection practices.

Contact Precautions- Intended to prevent transmission of infectious agents via direct or indirect contact. Places a barrier between the HCW and infectious agent. Gown and gloves should be donned prior to entry into patient room, discarded prior to exit. Single room preferred but spatial separation or cohorting may be acceptable.

Droplet Precautions- Intended to prevent transmission of pathogens via respiratory or mucous membrane contact with respiratory secretions. No special air handling or ventilation required. Surgical or procedure mask should be donned before entry into patient room and discarded prior to exit. Patients should be transported in a mask.

Airborne Precautions- Intended to prevent transmission by inhalation of infectious agents that can remain suspended in the air. Requirements include increased room ventilation rate, air exhausted directly to the outside or through HEPA filtration, and a facility respiratory protection program (education, fit-testing, user seal checks in place) Respirator should be donned prior to entry into room, discarded after exit. Single room preferred; alternative is cohorting. Patient should be transported in a mask.

Reference:

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