LESSON PLAN

Topic: INFECTIOUS DISEASE/PANDEMIC EMERGENCY

Goal (s):
- Staff will be knowledgeable of basic infection prevention and control measures to prevent the spread of infectious disease/pandemic illness, including standard-based and transmission-based precaution protocols
- Staff will be knowledgeable of exposure risks based upon OSHA’s occupational exposure risk pyramid
- Staff will be knowledgeable of the facility’s reporting requirement of communicable disease to the NYSDOH
- Staff will be knowledgeable of the facility’s plan to reduce transmission of infectious diseases/pandemic illness, including cohorting residents based on status of infection: known vs. unknown, proper identification of areas, social distancing measures
- Staff will be competent in hand hygiene
- Staff will be competent in donning/doffing appropriate personal protective equipment (PPE)

Source: CDC, NYSDOH, WHO

Target Group: All healthcare workers

Time: 1-2 hours

Course Content:
Infection prevention and control is everyone’s responsibility, including staff, residents and visitors. An effective infection prevention and control program is a facility-wide program. Staff members from all departments have responsibilities to take actions to prevent the occurrence and spread of infections.

Procedure:
Standard-based precautions are used for all resident care regardless of infection status. They are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. Standard precautions make use of common sense practices and personal protective equipment that protect healthcare workers from infection and prevent the spread of infection from resident to resident.

The following are included in standard precautions:
- Hand hygiene - Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those
that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. (see attached lesson plan and competency on Hand Hygiene)

- **Respiratory hygiene/cough etiquette** - The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.
  - Cover your mouth and nose with a tissue when coughing or sneezing;
  - Use in the nearest waste receptacle to dispose of the tissue after use;
  - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

- **Use of Personal Protective Equipment** - Personal Protective Equipment (PPE) includes gloves, gowns, face masks, goggles and face shields. Factors influencing the selection of PPE include the type of exposure anticipated, fit and durability of the equipment, and the need for transmission-based precautions. (see attached lesson plan and competency on donning/doffing PPE)

- **Ensuring appropriate resident placement** - Determine patient placement based on the following principles:
  - Route(s) of transmission of the known or suspected infectious agent
  - Risk factors for transmission in the infected patient
  - Risk factors for adverse outcomes resulting from an HAI in other patients in the area or room being considered for patient-placement
  - Availability of single-patient rooms
  - Patient options for room-sharing (e.g., cohorting patients with the same infection)

- **Injection and sharps safety** - Proper use and disposal of all sharps (needles, razors, etc.) helps prevent needle stick injuries. Sharp safety and safe injection practices include not recapping needles, use of safety syringes, use of needleless intravenous systems, and immediate disposal of sharps in a sharps container.

- **Environmental cleaning/disinfection** - properly handle, clean and disinfect resident care equipment/devices; clean and disinfect the environment appropriately, examples include:
  - Routine and targeted cleaning of environmental surfaces,
  - Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient and frequently-touched surfaces in the patient care environment
  - Use EPA-registered disinfectants that have microbiocidal activity
  - Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons,

**Transmission-based precautions** are the second tier of basic infection control and are to be used in addition to standard precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. The Centers for Disease Control and Prevention (CDC) recommends initiating these precautions in the case of new signs and symptoms of infection, even before a specific infectious agent has been identified.
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<tr>
<th>Modes of Transmission</th>
<th>In addition to Standard Precaution Protocols:</th>
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| **Airborne Precautions:** Use Airborne Precautions for residents known or suspected to be infected with pathogens transmitted by the airborne route (e.g. tuberculosis, measles, chicken pox, disseminated herpes zoster) | **YELLOW** Precaution Sign-  
- Visitors and staff must report to the Nurse’s Station before entering room.  
- Isolation set up for the room with PPE  
- Wear a fit-tested NIOSH-approved N95 or higher level respirator for respiratory protection when entering the room |
| **Droplet Precautions:** Use Droplet Precautions for residents known or suspected to be infected with pathogens transmitted by respiratory droplets (large particle droplets) that are generated with coughing, sneezing, talking, or suctioning. | **GREEN** Precaution Sign-  
- Visitors and staff must report to the Nurse’s Station before entering room.  
- Isolation set up for the room with PPE.  
- Surgical mask/face-shield is indicated for those who come within three feet of the resident.  
- Resident should wear a surgical mask when being transported out of the room.  
- Ensure residents are physically separated, at least 3ft apart, from each other. Draw privacy curtain between beds to minimize opportunities for close contact |
| **Contact Precautions:** Use Contact Precautions for residents with known or suspected infections that represent an increased risk for contact transmission. | **ORANGE** Precaution Sign-  
- Visitors and staff must report to the Nurse’s Station before entering room.  
- Isolation set up for the room with PPE  
- Wear gown and gloves when there is potential to come into contact with known or suspected- infected material.  
- If possible, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient |

The **Occupational Safety and Health Administration (OSHA)** enforces workplace safety standards. “Workplace safety” refers to on-the-job protection of the safety and health of workers. The facility has identified healthcare work tasks associated with exposure risk levels based upon OSHA’s occupational exposure risk pyramid. This exposure risk pyramid will serve as a guide in policy development and implementation methods to protect healthcare workers with exposure to the infectious disease/pandemic illness.
The facility conducts routine and ongoing infectious disease surveillance to identify background rates and detect significant increases above those rates.

The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility’s Quality Assessment and Assurance Committee.

The RNs and LPNs participate in surveillance through assessment of residents and reporting changes in condition to the residents’ physicians and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections.

It is the policy of this facility to report all infectious, contagious, or communicable diseases to appropriate County and/or State Health Department Officials as required. (e.g. NORA and HERDS reporting)

Due to the ease of transmission and spread of disease in long-term care, and the severity of illness that can occur in residents with an infectious disease/pandemic illness, the facility follows CDC and NYSDOH guidance to reduce transmission. Examples of possible recommendations include:

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<th>Lower (caution)</th>
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<td>• Performing</td>
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<td>• Performing aerosol-generating procedures</td>
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<td>administrative duties</td>
<td>the general public who</td>
<td>suspected COVID-19 patient’s room.</td>
<td>(e.g., intubation, cough</td>
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<td>in non-public areas</td>
<td>are not known or</td>
<td>• Providing care for a</td>
<td>induction procedures, bronchoscopies, some</td>
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<td>of healthcare</td>
<td>suspected COVID-19</td>
<td>known or suspected COVID-19 patient not</td>
<td>dental procedures and exams, or invasive</td>
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<td>patients.</td>
<td>involving aerosol-generating procedures.</td>
<td>specimen collection) on known or suspected</td>
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<td>other staff members.</td>
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<td>Risk of Exposure*</td>
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* may be most appropriate.
• Visitor restrictions. Visitation for compassionate care situations made on a case-by-case basis.
• Restriction of non-essential personnel. Vendors may be restricted from the nursing units. Deliveries are restricted to the loading dock as appropriate.
• Communal dining and all group activities may be cancelled. Residents will receive unit based activities. Residents are not allowed to leave the building for social activities, overnight leaves of absence, and out-on-pass to the community.
• The facility will screen all staff, consultant personnel, vendors, and visitors for signs and symptoms of the infectious disease/pandemic illness before entering the facility. Staff members on duty for extended shift are required to have a temperature check within 12 hours of the first entry temp screen.
• Social distancing: all healthcare workers should maintain social distancing when in break rooms or common areas. When necessary, if residents are in common areas, staff will maintain social distancing (6 feet) between residents. If the illness is a respiratory illness, residents will be wearing a mask if able to tolerate.
• All residents will be monitored every shift for temperature and any sign/symptom of the infectious disease/pandemic illness.
• Cohorting of residents based on infection status: positive vs. negative vs. unknown. Maintaining a designated unit. Use of ICRA walls to provide barriers to designated units. Keeping doors closed of residents known or suspected of the infectious disease/pandemic illness.
• The facility will attempt to maintain designated healthcare workers and other direct care providers. Dedicated means that the HCW are assigned to care only for those residents known to be infected with the pandemic illness during their shift. Floating of staff on the designated unit will be minimized.

See attached lesson plans on Hand Hygiene and Use of PPE- Proper Donning and Doffing Procedure.

See attached Validation Checklist for Hand Hygiene, Standard Precautions, Transmission-Based Precautions and Donning/Doffing PPE
LESSON PLAN

**Topic:** Hand Hygiene

**Goal (s):**
- Staff will understand the importance of hand hygiene
- Staff will understand when to perform hand washing or hand hygiene
- Demonstrate competency in hand washing and hand hygiene using antiseptic hand rub

**Course Content:**
Hands are the main pathways of germ transmission. Hand hygiene is therefore the most important method to avoid the transmission of harmful germs and, most effective infection control and infection prevention measure.

Hand hygiene is a general term that applies to hand-washing, antiseptic hand wash, antiseptic hand rub, and surgical hand antisepsis. Hand washing is defined as the washing of hands with soap and water.

**Indications for Hand Hygiene:**
- Before patient contact
- Before clean/aseptic procedure
- After body fluid exposure risk
- After touching a patient
- After touching patient surroundings

Do not wear artificial fingernails or extenders when in direct contact with patients. Keep natural nails short and trim.

The use of gloves does not replace the need for cleaning your hands. Hand hygiene must be performed when appropriate regardless of the indications for glove use. Remove gloves to perform hand hygiene. Discard gloves after each task and clean your hands. Wear gloves only when indicated according to Standard and Transmission-based Precautions, otherwise they become a major risk for germ transmission.

**Procedure:**

**Antiseptic Hand Rub:**

1. Ensure jewelry has been removed
2. Apply quantity of alcohol-based hand hygiene product as per manufacturer’s recommendations into cupped hand.
3. Rub hands palm to palm
4. Right palm over left dorsum with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced
6. Backs of fingers to opposing palms with fingers interlaced
7. Rotational rubbing of left thumb clasped in right palm and vice versa
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. Rubbing hands together until hands are dry before continuing with patient care, do not rub off excess product

**Antiseptic Hand Wash:** (Also known as clean technique, includes procedures used to reduce the number of organisms on hands.)
1. Gather the necessary supplies. Stand in front of the sink.
2. Wet the hands and wrist area. Keep hands lower than elbows to allow water to flow towards the fingertips.
3. Cover all areas of hands with soap.
4. With firm rubbing and circular motions, wash the palms and backs of the hands, each finger, the knuckles, wrists, and forearms. Continue this friction motion for at least 20 seconds.
5. Rinse thoroughly with water flowing towards the fingertips.
6. Pat hands dry, beginning with the fingers and moving upward towards forearms, with a paper towel and discard immediately.
7. In the absence of sensors or foot pedal, use another clean paper towel to turn off the faucet.
LESSON PLAN

Topic: Use of PPE- Proper donning and doffing procedure

Goal(s):
- Promote patient safety and increase the safety of the healthcare work environment through proper use of personal protective equipment (PPE) by healthcare personnel
- Know the different types of PPE
- Understand when to use PPE based on task that is to be performed.
- Demonstrate competency in donning/doffing PPE

Course Content:
Personal protective equipment, or PPE, as defined by the Occupational Safety and Health Administration, or OSHA, is “specialized clothing or equipment, worn by an employee for protection against infectious materials.” PPE is required for any potential infectious disease exposure. PPE prevent contact with the infectious agent, or body fluid that may contain the infectious agent, by creating a barrier between the worker and the infectious material.

Types of PPE
- Gloves- protect the hands. Gloves are the most common type of PPE used in healthcare settings.
- Gowns/aprons- protect the skin and/or clothing
- Masks and respirators- protect the mouth and nose
  - The respirator has been designed to also protect the respiratory tract from airborne transmission of infectious agents.
- Goggles- protect the eyes
- Face shield- protects the entire face

Factors influencing PPE selection:
- Type of exposure anticipated- splash/spray vs. touch
- Category of isolation precautions
- Durability and appropriateness for the task

Do's and Don’ts of Glove Use
Gloves protect you against contact with infectious materials. However, once contaminated, gloves can become a means for spreading infectious materials to yourself, other patients or environmental surfaces.
- Work from clean to dirty
- Limit opportunities for “touch contamination”, i.e. do not touch your face with gloves that have been in contact with a patient, do not touch environmental surfaces unnecessarily with contaminated gloves.
• Change gloves as needed. If gloves become torn or heavily soiled and additional patient care tasks must be performed, then change the gloves before starting the next task. Always change gloves after use on each patient, and discard them in the nearest appropriate receptacle. Patient care gloves should never be washed and used again.

Gowns/Aprons
• Isolation gowns are generally the preferred PPE for clothing. Gowns should fully cover the torso, fit comfortably over the body, and have long sleeves that fit snugly at the wrist.
• Clean gowns are generally used for isolation. Sterile gowns are only necessary for performing invasive procedures, such as inserting a central line.

Face Protection
A combination of PPE types are available to protect all or parts of the face from contact with potentially infectious material. The selection of facial PPE is determined by the isolation precautions required for the patient and/or the nature of the patient contact.
• Masks should fully cover the nose and mouth and prevent fluid penetration. Masks should fit snugly over the nose and mouth. For this reason, masks that have a flexible nose piece and can be secured to the head with string ties or elastic are preferable.
• Goggles provide barrier protection for the eyes; personal prescription lenses do not provide optimal eye protection and should not be used as a substitute for goggles. Goggles should fit snugly over and around the eyes or personal prescription lenses.
• Face shields – protect face, nose, mouth, and eyes. Face shields should cover forehead, extend below chin and wrap around side of face

Respiratory Protection
• Respirators that filter the air before it is inhaled should be used for respiratory protection. The most commonly used respirators in healthcare settings are the N95 particulate respirators. The device has a sub-micron filter capable of excluding particles that are less than 5 microns in diameter.
• Prior to your using a respirator, you are required to be fit-tested for the appropriate respirator size and type, and to train you on how and when to use a respirator. YOU are responsible for fit checking your respirator before use to make sure it has a proper seal.

Key Points about PPE
There are four key points to remember about PPE use.
• Don it before you have any contact with the patient, generally before entering the room.
• Once you have PPE on, use it carefully to prevent spreading contamination.
When you have completed your tasks, remove the PPE carefully and discard it in the receptacles provided.
Then immediately perform hand hygiene before going on to the next patient.

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

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

Where to Remove PPE
- At doorway, before leaving patient room or in anteroom
- Remove respirator outside room, after door has been closed

How to Safely Use PPE
- Keep gloved hands away from face
- Avoid touching or adjusting other PPE
- Remove gloves if they become torn; perform hand hygiene before donning new gloves
- Limit surfaces and items touched

Standard Precautions
- Previously called Universal Precautions
- Assumes blood and body fluid of ANY patient could be infectious
- Recommends PPE and other infection control practices to prevent transmission in any healthcare setting
- Decisions about PPE use determined by type of clinical interaction with patient
  - Gloves – Use when touching blood, body fluids, secretions, excretions, contaminated items; for touching mucus membranes and nonintact skin
  - Gowns – Use during procedures and patient care activities when contact of clothing/ exposed skin with blood/body fluids, secretions, or excretions is anticipated
  - Mask and goggles or a face shield – Use during patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions
PPE for Expanded Precautions/Transmission-based Precautions

- Expanded Precautions include
  - Contact Precautions - Gown and gloves for contact with patient or environment of care (e.g., medical equipment, environmental surfaces)
  - Droplet Precautions - Surgical masks within 3 feet of patient
  - Airborne Infection Isolation - Particulate respirator

Procedure:
How to put on (Don) PPE Gear

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

How to Take Off (Doff) PPE Gear

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.

6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.
   - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

* The facility will follow all recommended CDC guidelines for the optimization of PPE supply during surge capacity (Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of the facility). See policy P-03B of the Infection Control Manual.
### Observation: Steps for hand-washing with soap and water.

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1. Wet hands and apply soap.

2. Work up lather cleansing front and back of hands and wrists, between fingers & thumbs, around cuticles and under fingernails. (All surfaces of the

3. Provide cleansing friction for a minimum of 20 seconds.

4. Remove all soap, rinsing while holding fingers lower than wrists.

5. Dry hands with paper towel and limit contact of towel to cleansed skin surfaces.

6. Turn off water with a separate dry paper towel and dispose of towel.

7. Complete task without contaminating hands, such as touching hand against sink or faucet.

### Observation: Steps for using hand sanitizer

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1. Dispense ample amount of hand sanitizer.

2. Rub hands together to cover entire surface of hands and fingers. See below.

3. Allow hands to dry completely.
# Standard-based Precautions

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<th>#</th>
<th>Procedure Observed</th>
<th>Correct</th>
<th>Comments/Corrective Action</th>
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<tbody>
<tr>
<td>1</td>
<td>Cough/sneeze into tissue or elbow, and immediately discards tissue.</td>
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<td>2</td>
<td>Uses alcohol-based hand rub appropriately.</td>
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<td>3</td>
<td>Washes hands with soap and water when visibly soiled.</td>
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<td>4</td>
<td>Performs hand hygiene before and after contact with resident.</td>
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<td>5</td>
<td>Performs hand hygiene after contact with blood, body fluids, or visibly contaminated surfaces.</td>
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<td>6</td>
<td>Performs hand hygiene after contact with objects and surfaces in the resident’s environment.</td>
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<td>7</td>
<td>Performs hand hygiene after removing personal protective equipment.</td>
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<td>8</td>
<td>Performs hand hygiene before performing a resident-care procedure.</td>
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<td>9</td>
<td>Gloves are worn if potential contact with blood or body fluids, mucous membranes, or non-intact skin.</td>
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<td>10</td>
<td>Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin.</td>
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<td>11</td>
<td>Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care.</td>
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<td>12</td>
<td>An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.</td>
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<td>13</td>
<td>Obtains personal protective equipment before providing care.</td>
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<td>14</td>
<td>Verbalizes who to contact for replacement supplies.</td>
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<td>15</td>
<td>If PPE use is extended/reused, it is cleaned/maintained appropriately.</td>
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Transmission-based Precautions

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<tr>
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<th>Procedure Observed</th>
<th>Correct</th>
<th>Comments/Corrective Action</th>
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<tbody>
<tr>
<td>1</td>
<td>For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment.</td>
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<td>2</td>
<td>For a resident on Droplet Precautions: staff don a facemask within six feet of a resident.</td>
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<td>3</td>
<td>For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry.</td>
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<td>4</td>
<td>For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis)</td>
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<td>5</td>
<td>For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available.</td>
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<td>6</td>
<td>Universally uses facemask if there is a COVID-19 case in the facility or sustained community transmission.</td>
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<td>7</td>
<td>Wears recommended PPE for COVID-19 for all residents on unit in which COVID-19 patient is located.</td>
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<td>8</td>
<td>Takes appropriate precautions when performing aerosol-generating procedures for COVID-19 patient.</td>
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<td>9</td>
<td>Dedicated or disposable noncritical resident-care equipment is used.</td>
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<tr>
<td>10</td>
<td>Reusable equipment is cleaned and disinfected according to manufacturer’s instructions using an EPA-registered disinfectant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>High-touch environmental surfaces and objects are cleaned and disinfected with appropriate EPA-registered disinfectant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Appropriate precautionary sign is placed outside to the resident’s room (or other necessary locations such as unit or facility-wide).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Donning/Doffing PPE

<table>
<thead>
<tr>
<th>#</th>
<th>Procedure Observed</th>
<th>Correct</th>
<th>Comments/Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Puts on PPE in the correct order: gown, mask/respirator, goggles/face shield, and then gloves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gown fully covers torso from neck to knees, arms to end of wrists, and wraps around the back. Fastens in back of neck and waist</td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Mask is secured at middle of head and neck. Nose bridge is positioned properly. Fits snug to face and below chin. Respirator is fit-checked.</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Eye protection is placed over face and eyes, and adjusted to fit.</td>
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</tr>
<tr>
<td>5</td>
<td>Gloves extend to cover wrist of isolation gown.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Removes PPE in the correct order: gloves, goggles/face shield, gown, and then mask.</td>
<td></td>
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<tr>
<td>7</td>
<td>Gloves are removed inside out, with second gloved peeled off over first glove.</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Goggles/face shield are removed from the back by lifting head or ear pieces. (If under reuse situation, cleaned/maintained appropriately.)</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>Gown is removed by pulling gown away from neck and shoulders, touching inside of gown only and taking care sleeves don’t come in contact with the body.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Gown is turned inside out, rolled into a bundle, and discarded.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Mask/respirator is removed without touching the front and discarded (if under reuse situation, cleaned/maintained appropriately).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Appropriate precautionary sign is placed outside to the resident’s room (or other necessary locations such as unit or facility-wide).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Hand hygiene is performed after removing and discarding all PPE, before leaving the room.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>