



Title:	<b>COVID-19 Precautionary Measures</b>	Policy Number:	<b>ICN-2</b>
		Version Number	1
Reference:	<b>Centers for Disease Control and Prevention (CDC); TDCJ CMHC Infection Control Policy B-14.52 – Coronavirus 2019 (COVID-19); TDCJ CMHC Infection Control Policy B-14.21 – Transmission Based Precautions; TDCJ CMHC Infection Control Policy B-14.26 – Gastrointestinal Illness</b>	Effective Date:	<b>5/4/20</b>
		Original Approval:	<b>4/29/20</b>

**POLICY STATEMENT:**

Texas Tech University Health Sciences Center Managed Care (TTUHSC MC) is dedicated to the prevention of COVID-19 through the use of best infection control practices.

**PROCEDURE:**

Adherence to strict infection control measures must always be observed.

**1. Definitions**

Cloth face covering: A cloth face covering is a covering that is usually made of tightly woven cotton material that is designed to fit on the face to cover the nose and mouth. A cloth face covering is not considered personal protective equipment.

N95 respirator: An N95 respirator is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

Surgical facemask: A surgical facemask is a disposable device that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. It is meant to help block large-particle droplets, splashes, sprays, or splatter that may contain germs (viruses and bacteria), keeping it from reaching your mouth and nose. Surgical facemasks may also help reduce exposure of your saliva and respiratory secretions to others. Surgical facemasks may also be referred to as isolation, dental or medical procedure masks.

**2. General Use of Personal Protective Equipment (PPE)**

- a. Surgical facemasks are being used as an acceptable alternative to N-95 respirator to conserve supplies and create surge capacity (i.e., the ability to manage a sudden increase in patient volume that could severely challenge or exceed present supplies).
- b. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.
- c. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.
- d. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected

between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.

- e. Medical staff should wear surgical facemasks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19. Hands should be washed before donning or doffing surgical facemasks, to prevent inadvertent contamination of the nose and mouth.
- f. Surgical facemask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to offenders with suspected or confirmed COVID-19.
- g. Medical Staff should be educated on the proper donning and doffing of PPE (See TDCJ CMHC Policy B-14.42 – Coronavirus 2019 (COVID-19) Attachment J). Proper hand washing should be performed prior to putting on PPE, before putting on gloves, before removing eye protection, and immediately after removal of all PPE. Hand hygiene should also be performed between steps if hands become contaminated.
- h. Staff should refer to TDCJ CMHC Policy B-14.42 – Coronavirus 2019 (COVID-19) for further information.

### **3. Use of PPE in Isolation Housing Area**

Staff entering an isolation housing area must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.

### **4. Use of PPE in Medically Restricted Housing Areas**

Staff entering medically restricted housing areas must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.

### **5. Disinfecting and Cleaning**

Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed on and allowed to air dry for at least 10 minutes. Cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning).

The formula for the 10% bleach solution is:

- a. 8 oz. of powdered bleach to 1 gallon of water
- b. 12.8 oz. of liquid bleach to 1 gallon of water.

Thoroughly clean and disinfect all areas where suspected or confirmed COVID19 cases spent time. Staff and offenders performing cleaning should wear gloves and a gown.

### **6. N95 Respirator Mask Sterilization/Decontamination**

Units will be notified if they have been selected to participate in the N95 Respirator Mask Sterilization/Decontamination process. If so, TTUHSC non-cellulose based N95 respirators will be collected for sterilization and decontamination. The process is as follows:

- Mark a strap of the N-95 respirator mask with the Unit of Assignment, First and Last name, Department/Clinic, and date.
- Place the used N95 respirators in a dedicated red biohazard bag, placed in another red biohazard bag, in a biohazard box within the employee's area.
- Materials Management will then make arrangements to pick up the bio-hazard box(es) from each of the designated units monthly.
- Materials Management will deliver the biohazard box(es) to the Pavilion building.
- The boxes will then be transported to the decontamination site at the Texas Tech Institute of Environmental and Human Health (TIEHH) by student volunteers.
- Decontaminated N95 respirators will be exchanged with the used respirators on collection days.
- Materials Management will make arrangements to return the decontaminated N-95 respirator masks back to the designated unit.

## **7. Respiratory Isolation Room**

When a respiratory isolation room is occupied by a COVID positive patient under respiratory isolation, the room must be tested twice daily and communicate any issues to the Facility Health Administrator. Otherwise, the guidelines in Infection Control Policy B-14.21 shall be followed (e.g., when a respiratory isolation room is occupied by a patient under respiratory isolation, the room must be tested daily; when the room is not being used for respiratory isolation, it must be tested at least monthly).

### **RESPONSIBILITY AND REVISIONS:**

It is the responsibility of the TTUHSC MC Compliance and Risk Management Department to review and initiate necessary revisions annually.

### **RIGHT TO CHANGE POLICY:**

TTUHSC MC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

### **CERTIFICATION:**

This policy was approved by the TTUHSC MC Executive Medical Director and the Executive Director on 5/4/20.