Protecting Non Hospital Based Healthcare Workers During the COVID-19 Pandemic

February 17, 2021
Essential workers trying to process the 35th policy change in the last 3 weeks
Forgotten Health Care Workers

- COVID19 created a trifecta of issues
  - Unknown transmission
  - Lack of personal protective equipment (PPE)
  - Increased risk for health care employees to do their jobs
Safety Swiss Cheese

Holes are due to active failures or latent conditions

Successive layers of defenses
CDC Recommendations – IPC Program

- Designated Person
- Case Report to National Healthcare Safety Network
- Resident Education/Patient Education
- Source Control Measures (facemasks)
- Visitor plan
- Testing Plan
- Healthcare Personnel management plan

- Nonpunitive sick leave policy
- Volunteer registry for facility
- Screen HCP at beginning of their shift for fever and symptoms
- Staffing plans
- Hand hygiene supplies
- PPE
- Social distancing

How to provide better protection

Hierarchy of Controls

1. **Elimination**: Physically remove the hazard
2. **Substitution**: Replace the hazard
3. **Engineering Controls**: Isolate people from the hazard
4. **Administrative Controls**: Change the way people work
5. **PPE**: Protect the worker with Personal Protective Equipment

*Where we have historically focused.*
"Home Made" PAPR
• Think of these as “mini” negative pressure area with HEPA filtration.
• Another “layer” of protection.
Students using the “Biggs Booths”
VP Debate
Patient Areas
Behind the Curtain
POC Testing to control for any possible Aerosols when preparing the test/swab.