



Covid-19 Information and Recommendations

At Ready Meds pharmacy our priority is, and will remain, our customers. As you work to ensure the safety and well being of your team members and your own families during this unprecedented COVID-19 pandemic, we wanted to let you know we are here to support you in any way that we can to help you navigate these uncharted waters as we move forward. During these uncertain times, our dedication to you and your business remains steadfast. We would like to provide for you Covid-19 Infection Information and Recommendations to use as a resource, but please note that this was last updated on May 13th, 2020. Please make sure to keep up to date with changes from the Department of Health, CDC, CMS, DSHS as requirements and recommendations may change.

At Risk Populations

- The following groups may be at a higher risk for severe infection and complications from Covid-19:
 - Persons over the age of 65
 - Residents of a nursing home or LTC facility
 - Immuno-compromised and smokers
 - Chronic medical conditions
 - ✓ chronic lung disease or asthma
 - ✓ serious cardiovascular disease
 - ✓ severe obesity

- ✓ diabetes
- ✓ CKD undergoing dialysis

RCS Focused Reviews

- RCS has been directed by Covid-19 LTC Incident Command to perform reviews via phone or in-home inspection of all LTC facilities and they utilize the **RCS Community Program Infection Prevention Assessment Tool for Covid-19**
 - ✓ Visitor restrictions
 - ✓ Healthcare personnel (HCP) training, screening and infection control
 - ✓ Resident screening and monitoring
 - ✓ Adequate infection prevention procedures (hand hygiene and disinfection of environmental surfaces)
 - ✓ Availability of PPE and other supplies

VISITOR RESTRICTIONS

- Facility must post a sign at the entrance stating that only Essential Personnel are allowed in the home (example on Ready Meds website)
- Facility has notified families that visitations are not allowed (with some exceptions) for the time-being and will keep them updated per the Governor's orders
 - Good practice: provide Covid-19 updates to families weekly
- Facility is recommended to provide alternative methods
 - *i.e.* video chat, phone calls, zoom, window chats
- Providers and caregivers must meet *approved* visitor at the door for immediate screening and to take their temperature
 - Fever equal to or greater than 100.4°F

- Visitors are instructed to:
 - Wear facemasks
 - Perform hand hygiene
 - Restrict visit to resident's room or other designated location

REQUIREMENT FOR A WRITTEN VISITOR LOG

(example on Ready Meds website)

- Washington Department of Health (DOH) and CDC has mandated screening of *all approved* visitors to the home.
 - Keep this log for 30 days

APPROVED VISITORS PER CDC

1. Essential Healthcare Personnel
 - i.e. doctors, home health nurses, hospice team
2. End of life related visitations for immediate family (req to wear PPE)
3. Attorneys, administrative law judges, advocates or similar resident representatives
4. Vendors who supply to facility
 - i.e. pharmacy, medical supplies
5. DSHS staff
 - Including DDA and Aging and Long-Term Support Administration

HCW SCREENING

- Check temperature and document absence or presence of respiratory symptoms at beginning of shift for each staff member

AVAILABILITY OF PPE AND REQUIRED SUPPLIES

➤ Be prepared for RCS to request quantities of following materials:

face masks?

- Face masks? N95 preferred but cloth or paper okay
- Isolation Gowns?
- Eye protection? (face shields or goggles)
- Gloves?

➤ Other required supplies:

- Alcohol based hand sanitizer *in each patient's room*
- Tissues *in each patient's room* for respiratory hygiene
- EPA-registered disinfectants
- Paper towels
- Antiseptic Hand Soap

PPE CONSERVATION METHODS PER DOH

➤ Facility should be able to explain if they're taking the following steps and why:

Gowns

- **Standard:** Use during high-contact resident care activities or aerosol generating procedures with gown change after each resident
- **Conservation:** Reuse gown on the same patient by the same HCW or until visibly soiled
- **Extreme strategy:** May use gown for multiple pts or if visibly soiled & can use non-standard products i.e. patient gowns or ponchos

✓ More information found at:

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/PPEConservationStrategies.pdf>

Respirator, facemask and eye protection---same one can be used during care of more than one resident but must be discarded if:

- ✓ Damp/damaged, unable to see/breathe through, contaminated, if used during aerosol-generating procedure

HAND HYGIENE

- Hand hygiene *needs* to be performed by HCW in the following scenarios
 - ✓ Before patient contact, even if PPE is worn
 - ✓ After contact with patient
 - ✓ After contact with bloody, body fluids or contaminated surfaces or equipment
 - ✓ Before performing sterile procedures
 - ✓ After removal of PPE

HAND WASHING

- Wash hands for minimum of 20 seconds frequently throughout the day .
- Sinks need to be stocked with anti-septic soap and paper towels
 - ✓ Soap that is available in liquid soap dispensers (non-refillable, disposable containers if possible)
 - ✓ Touchless soap and towel dispenser preferred
- No bar soap at hand washing stations

HAND SANITIZER

- Hand sanitizer should contain 60-95% alcohol
- Must be available in every resident room and other common areas (bathrooms, patient rooms, kitchen etc) but must include in negotiated care plan if safe to have hand sanitizer in resident's room
- If shortage of alcohol-based hand sanitizer, hand hygiene with liquid soap and water is still expected

- Making your own sanitizer tip: Mix 2/3rd cup 99% rubbing alcohol with 1/3rd cup aloe vera gel and 8-10 drops essential oil (optional)
- **Distilleries** that are providing hand sanitizer can be found on the following link:
<https://www.distilledspirits.org/distillers-responding-to-covid-19/distilleries-making-hand-sanitizer>

EPA-CERTIFIED DISINFECTANT

EPA-registered disinfectants that work against SARS-COV-2 must be available for cleaning of high-touch surfaces and shared patient equipment.

- List of approved disinfectants per EPA:
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Examples:
 - ✓ Lysol Brand All Purpose Cleaner and Laundry Sanitizer (active ingredient quaternary ammonium)

RESIDENT SCREENING LOG

- Actively monitor residents daily for fever and respiratory symptom SOB, new or change in cough, sore throat
- Facility has plan in place for admissions/readmissions from the hospital
 Consider admitting resident to a single room for a 14 day quarantine period
- Example daily resident log: track Date/Time of screen, Resident's initials, Destination & Purpose of trip, Time in, Time Out, Body Temperature, Cough?, Other Respiratory Symptoms?

ISOLATION PROTOCOL FOR SYMPTOMATIC AND COVID-19 POSITIVE RESIDENTS

- Symptomatic patient: fever, cough, SOB or fatigue
- Call and notify:

- MD ASAP
- Nurse delegator
- DSHS hotline
- Patients POA/guardian/family
- Isolate patient into their own room, if sharing room move non-symptomatic patient elsewhere (i.e. living room)
- If ill but stable all care, meals, activities and hygiene will occur in their room
- PPE will be used when entering room and taken off when leaving room

Gloves, Isolation Gown, Facemask, Eye protection

- Hand hygiene: when entering and exiting room
- Trash disposal bin near exit inside of room for PPE disposal
- Caregiver will perform vital sign check every 4 hours on patient O2 sat, thermometer, BP cuff and if O2 sat < 85% call 911

ISOLATION PROTOCOL FOR COVID-19 POSITIVE CASE

- If resident ill with COVID-19 or suspected to be ill, patient should remain on transmission-based precautions until:
 - At least 14 days after illness onset OR
 - 72 hours after resolution of fever (off antipyretics) and symptoms improved, whichever is longer
- Following sign is required:

THE RESIDENT IS ILL AND UNDER ISOLATION:

NO VISITORS

WEAR GLOVES, MASK AND EYE PROTECTION WHEN ENTERING

REMOVE GLOVES, MASK AND EYE PROTECTION WHEN EXITING AND WASH HANDS