



# COVID-19 Reentry

## Infection Prevention Guiding Principles & Safety Activities

### Infection Prevention Guiding Principles

1. The safety of patients, visitors, and staff in all CHS locations is of primary importance during both the COVID response and recovery phases and for the long term.
2. Reopening will be developed strategically to include fundamentally changing how work is accomplished to reduce exposure risk and ensure patient and staff safety.
3. Basic risk reduction activities (following CDC and state/local government guidelines/recommendations) will be factored into reopening strategies.
  - a. [CDC COVID-19 website](#)
  - b. [CDC Infection Prevention Guidance COVID-19](#)
  - c. [Arizona Department of Health Services COVID-19 website](#)
  - d. [Pima County COVID-19 website](#)
  - e. [UArizona COVID-19 Reentry Plan](#)
4. The CHS values, mission and vision will be factored into reentry strategies: [CHS Vision & Mission](#)
5. CHS will follow UArizona guiding principles for re-opening: [UArizona Guiding Principles For Reentry](#)

### Reopening Safety Activities

**CLEANING:** Routinely clean surfaces with hospital-approved detergent-disinfectant that is [EPA-approved against COVID-19](#) (e.g., MaxiWipes, Clorox disinfecting wipes):

1. Clean high touch areas in patient spaces after every patient visit.
2. Clean high touch areas in administrative work spaces at least daily and when workers using the spaces change, including workstations, keyboards, telephones, and doorknobs.

3. Clean work stations, keyboards, telephones, other surfaces shared between users.
4. Clean patient surfaces after patient visit: exam table/chair, counter top, sink/faucet, light switches, equipment (if used).
5. Clean bathroom surfaces after patient use: toilet, sink, handrails, soap and paper towel dispensers.
6. Equipment in exam rooms:
  - a. Limit equipment in exam rooms.
  - b. Clean equipment used on patients after each use with surface disinfectant or according to manufacturers instructions (e.g. thermometers, blood pressure cuffs, pulse oximeters, etc.).
7. Personal equipment: clean surfaces (e.g., stethoscopes, phone, pager) with surface disinfectant and allow to remain undisturbed for appropriate contact time. Surface does not need to be re-wetted.
8. Clearly identify and communicate who is responsible for cleaning what.
9. Evaluate workflows and populations to identify routine cleaning frequency; contracts and Service Level Agreements may need to be revised (e.g., to ensure adequate facility cleaning – floors, bathroom, waiting area cleaning, elevator buttons).
10. Monitor floor and other surface stickers/clings; replace when edges begin to lift.
11. Departments, where feasible, should remove high-touch items such as magazines, common pens, etc.
12. [UArizona COVID-19 Response: Cleaning & Disinfection](#)

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## HAND HYGIENE:

1. Employees are encouraged to wash hands frequently to help prevent the spread of COVID-19. When handwashing is not feasible, the use of hand sanitizers should be encouraged as outlined by the [Centers for Disease Control and Prevention \(CDC\)](#).
  - a. [CHS Hand Hygiene Policy](#)
  - b. [CHS Hand Hygiene Policy Attachment: How to Hand Wash and How to Hand Rub](#)
2. Post signs/posters for prominent messaging: guidance and expectations for hand hygiene (soap and water or Alcohol-Based Hand Rub).
  - a. Consider signs personalized for UArizona:
    - [UArizona signage options](#)
    - [UArizona signage options \(Spanish\)](#)
  - b. Consider CDC and local government print resources for hand hygiene and other COVID-19 precautions:
    - [CDC print resources](#)
    - [Pima County printable materials](#)
3. Develop scripting for front desk and other staff to support appropriate staff and patient behaviors.
4. Make Alcohol-Based Hand Rub (ABHR) readily available for patient/visitor use.
5. Consider using no-touch dispensers in prominent high traffic locations.
6. [UArizona COVID-19 Response: Personal Hygiene & Hand Washing](#)

## PHYSICAL DISTANCING:

1. Clinicians should see patients via telehealth visits whenever feasible.
2. Physical distancing will not be possible during a physical exam, but risk is significantly mitigated by pre-visit symptoms screening and universal masking.
3. Omit oral exams if not vital to provide appropriate medical care. If vital, wear a surgical mask and eye protection, plus gloves if a manual exam will be performed.
4. Use signs at entrances, front desks, on seating to remind people to maintain at least 6 feet distance

from others (except household contacts).

- a. Consider signs personalized for UArizona:
    - [UArizona signage options](#)
    - [UArizona signage options \(Spanish\)](#)
  - b. CHS signage:
    - [CHS COVID-19 Resources](#)
  - c. Consider CDC and local government print resources for social distancing and other COVID-19 precautions:
    - [CDC print resources](#)
    - [CDC Toolkit for Young Adults](#)
    - [Pima County printable materials](#)
5. [UArizona COVID-19 Response: Physical Distancing & Work from Home](#)

**UNIVERSAL MASKING:** All members of the UArizona community, including employees, students, contractors, suppliers, vendors, and visitors, are required to wear intact facemasks in all hallways, elevators, public spaces, common areas, and when entering and exiting buildings. ([UArizona Administrative Directive on the Use of Face Coverings](#))

1. Facemasks need to be intact (no holes) and should not have exhalation valves. The mask needs to cover the nose, mouth, and chin.
2. In locations where physical distancing is difficult to ensure or maintain, face coverings are required. This includes office spaces (including cubicles), outdoor spaces, and other locations where intermittent interactions with others might occur, such as seating near aisle ways and other passages.
3. Surgical masks are offered at check station, entries, and front desks.
4. Face coverings are not required for young children under age 2, anyone who has documented medical contraindications, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

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5. Face coverings are not required in enclosed single occupancy office spaces when one person is present with the door closed.
6. CHS employees should wear a cloth face covering to work and change to a surgical mask during work, replacing it with their cloth mask when leaving work.
7. Post signs/posters for prominent messaging: guidance and expectations respiratory etiquette (masking, coughing).
  - a. Consider signs personalized for UArizona:
    - [UArizona mask sign](#)
  - b. Consider CDC and local government print resources for hand hygiene and other COVID-19 precautions:
    - [CDC print resources](#)
    - [CDC Toolkit for Young Adults](#)
    - [CDC Cover Your Cough Sign](#)
    - [Pima County printable materials](#)
8. In the event of building evacuation, staff will wear masks even when waiting outside in designated safety area.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Employees may be required to wear other personal protective equipment (e.g., gloves, gowns, etc.) or respiratory protection due to the nature of their work.

1. PPE will be used in accordance to CDC and OSHA guidelines.
2. Employees will adhere to the CHS PPE policy VII A11: [Personal Protective Equipment & Donning/Doffing](#)
3. PPE required for COVID-19: gown, gloves, mask (surgical or N95), and eye protection (face shield or goggles) – (CDC Infection Prevention Recommendations for Healthcare Personnel during COVID-19 Pandemic)
  - a. HCP caring for patients with suspected or confirmed COVID-19 should continue to wear gloves, a gown, respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator (or facemask if respirators are not available), and eye protection (i.e., goggles or disposable face shield that covers the front and sides of the face).

- b. HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic patients with COVID-19. If COVID-19 is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also:
  - Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from splashes and sprays of infectious material from others.
  - Wear an N95 or higher-level respirator, instead of a facemask, for: Aerosol-generating procedures and procedures that might pose higher risk for transmission if the patient has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract).

4. The clinic will cohort staff, whenever possible, to conserve PPE supply and to keep staff safe.

5. N95 Masks:

- a. Due to the shortage of PPE, such as N95 filtering face-piece respirators (FFRs) and barrier devices (surgical/isolation masks), the Occupational Safety and Health Administration (OSHA) is permitting the reuse of these devices providing certain guidelines are followed. UArizona has developed guidance for the [reuse of N95 FFRs and barrier devices](#).
  - Using the CDC contingency guidance for conserving supply, it is permissible to reuse these devices up to 5 times when the devices are in good, uncontaminated condition and availability of the devices is limited.
  - [CDC Strategies for Optimizing the Supply of N95 Respirators](#)

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b. CHS will follow CDC/OSHA guidance regarding annual fit testing.

- Annual fit testing may be waived during the pandemic providing the person was fit tested the previous year and has no changes that would affect fit. ([OSHA Respirator Fit Testing Guidance during COVID-19 & OSHA Guidance on Preparing Workplaces for COVID-19](#))

- All new clinical staff (if applicable) will be fit tested to a N95 respirator mask.

c. A Powered Air Purifying Respirator (PAPR) may be used in lieu of an N95. Staff who utilize the PAPR will be trained in the use of the PAPR including, donning & doffing and cleaning/disinfection of the PAPR.

- PAPR: Staff who will utilize the PAPR will be trained in the use and cleaning/disinfecting of the PAPR.

6. Eye protection: Wear eye protection when the possibility exists of respiratory secretion/blood/body fluid splash or spray.

a. In times when there is moderate to substantial community transmission of COVID-19 in Arizona, eye protection should be worn for all patient contact, including well patients, due to the chance of asymptomatic transmission. ([CDC Infection Prevention Recommendations for Healthcare Personnel during COVID-19 Pandemic](#))

## 7. [UArizona Occupational Health COVID-19 Response](#)

**SYMPTOM SCREEN** – will be done by patients prior to their in-person appointment and upon arrival at the pre-triage screening station (patients/visitors/staff) or through a text or Electronic health record-based wellness check (e.g., Wildcat WellCheck, telehealth consent); and by employees prior to reporting for onsite work (e.g., Wildcat WellCheck).

1. Support staff in reception areas will ask if a patient stopped at the screening station and will provide a mask if the patient is not wearing a mask.

### 2. Patient/Visitors

a. Negative wellness screen: mask patient and may proceed to clinic for appointment.

b. Positive wellness screen: notify nursing supervisor and reassess for appropriate appointment type, timing and further evaluation.

- Consider COVID-19 rapid antigen test with sufficient time for test results to be available prior to appointment.

### 3. Employees

a. Employees should self-monitor for symptoms and if ill should stay home and notify their supervisor. ([CHS Coronavirus Daily Wellness Check Protocol](#))

b. Employees should stay home (self-quarantine) and notify their supervisor if a household member is diagnosed or suspected of having COVID-19. ([CHS Coronavirus Self Quarantine Guidelines](#))

c. Positive wellness screen (staff): immediately isolate from the rest of the employee population, consider COVID-19 rapid antigen test (if negative also obtain a COVID-19 PCR test), and send home.

- Staff need to stay home even if mildly symptomatic, or meet exclusion criteria.

- Staff may return to work based on provider guidance for COVID-19 or alternative diagnosis.

- If PCR test is negative, the employee can return to work if fever-free for 24 hours, symptoms are improving, and at least 10 days since symptom onset or a second negative PCR test result is obtained more than 24 hours after the first one was done.

- If the Covid rapid antigen test or PCR test is positive, the employee should follow isolation guidelines. ([CHS Coronavirus Self Isolation Guide](#))

- Symptomatic individuals who have had a positive test result may return to work when the following have occurred:

- After fever-free for 24 hours, without the use of fever-reducing medications, and

- Other symptoms have improved (cough, shortness of breath), and

- At least 10 days have passed since symptom onset

- And/or have been cleared by provider for return to work ([CDC Criteria for Return to Work for Healthcare Personnel](#))

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- d. Guidelines for Employees who are being tested for possible COVID-19 Exposure
- e. All employees must be prepared to isolate or quarantine when necessary.
  - CHS Self-Isolation Guidelines
  - CHS Self-Quarantine Guidelines
- f. UArizona COVID-19 Resources
  - UArizona COVID-19 Symptoms and Prevention
  - UArizona COVID-19 Return to Work Spaces

## LIMIT VISITORS/COMPANIONS

1. Visitors/companions will be restricted from accompanying patient in clinic waiting room or in clinic visit, unless deemed necessary by medical provider.
  - a. Visitors/companions will be allowed at the discretion of the medical provider.
  - b. If the medical provider allows visitor/companion to accompany patient in visit, ensure the visitor/companion goes through the Covid screening station and wears mask.
2. Include visitor/companion restriction instructions and expectations in appointment setting and reminder interactions.
3. Develop scripting for public-facing staff to address excess visitors/companions.
4. Identify alternate waiting areas for excess visitors/companions.

## COORDINATE APPOINTMENTS TO MINIMIZE WAIT TIMES

1. Adjust appointments and workflow to maintain limited volume of patients/companions in waiting areas; monitor waiting areas and refine workflow to achieve limited waiting.
2. Allow sufficient time for room turnover in workflow planning.
  - a. Consider standard room empty time of 1 hour in locations where aerosol generating procedures are performed (unless less time needed based on air flow calculations).

## MEETINGS & EVENTS

1. Meetings should be held virtually whenever possible.
2. Limit meetings to  $\leq 10$  people if in-person.

3. Prohibit communal food unless served or individually packaged.
4. Avoid having multiple people touch the same objects (pens, papers, sticky notes, etc.).

## STAFFING

1. Creative staffing methods will be considered to protect staff while meeting clinic needs (e.g. working in teams, cohorting staff, etc.).

**RECEIVING PACKAGES AND MAIL:** According to the CDC, handling mail and/or packages is unlikely the primary means of spreading/contracting COVID-19. However, it is still important to follow good hygiene practices when handling mail.

1. When receiving a package or mail:
  - a. Limit in-person contact when accepting a delivery, or stay at least 6 feet away from the delivery person.
  - b. Wash your hands with soap and water for at least 20 seconds after touching the package.
  - c. Use hand sanitizer with at least 60% alcohol when soap and water are not available.
  - d. Avoid touching your face, eyes, nose, or mouth.

**BUILDING VENTILATION:** UArizona CHS is committed to minimizing COVID-19 risk for building users by regularly inspecting air handling units, replacing filters, and ensuring air handlers are functioning as designed. In addition, we will continue to monitor and react to federal, state, public health, and industry standard heating, ventilation and air conditioning (HVAC) guidelines to manage and mitigate risk where possible. However, from a public and environmental health perspective, ventilation alterations should not be viewed as a substitute for physical distancing and face coverings in the overall University environment.

1. Isolation (Negative Pressure) Rooms:
  - a. CHS has one negative pressure room (triage A109), which is monitored by utilizing the *Ball-in-the-Wall* system and is checked monthly or daily when in use. Whenever possible, this room will be used for patients with confirmed or suspected COVID-19 and/or if an aerosol-generating procedure will be performed.

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b. The negative pressure room does not need to be used for all patients. Per the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) patients may be placed in a regular examination room with the door closed. Airborne infection isolation rooms should be reserved for patients undergoing aerosol generating procedures or for diagnoses such as active tuberculosis.

2. Interior doors should not be propped open when that practice overrides mechanical interconnections, affects security, fire or life safety codes (e.g., to prevent the spread of fire), or chemical or biological containment practices (e.g., laboratories).

3. Avoid the use of portable high velocity fans, especially in common areas or open offices when blowing across multiple workstations.

## COMMON AREAS

### 1. Elevators

a. Hand sanitizer stations will be provided at the exits of each high-traffic elevator.

b. It is encouraged that individuals use the stairs when possible, and no more than two individuals ride an elevator at a time.

### 2. Building entrances and exits

a. Hand sanitizer stations will be provided at the entries/exits of each high-traffic building.

b. Employees should avoid congregating in close proximity during entry into buildings and should maintain adequate social distancing.

### 3. Water fountains

a. Water fountains should be equipped with signage that requires the use of personal or provided containers (cups) when getting water.

b. Departments are responsible for providing disposable cups to employees and visitors upon request. Personal cups may be used if desired.

## Summary of Key Points:

- The safety of patients, visitors, and staff in all CHS locations is of primary importance.
- The CHS values, mission and vision will be factored into reentry strategies.
- Frequent disinfection of surfaces and objects touched by multiple people is important.
- Employees are encouraged to wash hands frequently to help prevent the spread of COVID-19; when handwashing is not feasible, the use of hand sanitizer will be encouraged.
- Physical distancing will be encouraged in any way possible.
- All members of the UArizona community are required to wear intact (no holes or valves) face masks in all hallways, elevators, public spaces, common areas, and when entering and exiting buildings.
- PPE, which includes gown, gloves, mask (surgical or N95), and eye protection (face shield or goggles), will be used in accordance to CDC and OSHA guidelines.
- Symptom Screen will be done by patients prior to their in-person appointment and upon arrival at pre-triage screening station (patients/visitors/staff) or through a text based wellness check; and by employees prior to reporting for onsite work (e.g., Daily Wellness Check, telehealth consent).
- Coordinate Appointments to minimize wait times and limit visitors/companions.
- Meetings should be held virtually whenever possible or if not possible should be limited to less than 10 attendees.
- Creative staffing methods will be considered whenever possible to protect staff while meeting clinic needs.

## References:

- [UArizona COVID-19 Response Reentry Plan](#)
- [CDC: Get the Facts About Coronavirus](#)
- [CDC: Information for Healthcare Professionals](#)
- [CDC: Infection Control Guidance](#)
- [CDC: Clinical Questions About COVID-19](#)
- [Indiana University: Return to Campus](#)
- [UCSF Health COVID-19 Clinical Resources](#)
- [Medscape: Face-to-Face Care](#)