DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165307	A. BUILDING _____ B. WING _____	12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PILLAR OF CEDAR VALLEY	1410 WEST DUNKERTON ROAD WATERLOO, IA 50703

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F 000	INITIAL COMMENTS Correction Date 1-9-21 A COVID-19 Focused Infection Control survey was conducted by the Department of Inspection and Appeals on 12/14/20 - 12/15/20. The facility was found to be in non-compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices for a COVID 19 outbreak. Total residents: 120.	F 000		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880	F880 – Infection Control On 12/30/2020 email sent to Gina Anderson at Telligen to schedule a root cause analysis. On 12/31/2020 root cause analysis completed and appropriate education provided. On 12/30/2020 educational videos made available to all employees to be completed by 01/09/2021. On 1/5/2021 education completed by all departments regarding hand hygiene, sanitizing face shields, appropriate donning of masks, and disinfection of surfaces of contaminated equipment. Audits on infection control and sanitation procedures will be completed on 5 staff members weekly for 4 weeks, and 3 staff members weekly x 4 weeks. Compliance Date: 1/09/2021	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carla M. Matte MHA, LNHA	Administrator	01/06/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review.	F 880		

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F 880	Continued From page 2 The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, resident and staff interview, the facility failed to ensure staff performed hand hygiene prior to gloving for resident on isolation precautions, disinfect face shields and change medical masks when exiting infection precaution rooms, disinfect surfaces after placing contaminated equipment upon them exiting isolation precaution rooms and ensuring staff don appropriate personal protective equipment for isolation precautions for 3 of 3 residents (Residents #1, #2, #3) sampled and random residents not included in the sample. The facility identified a census of 120 residents. Findings include: 1. The Minimum Data Set (MDS), with an assessment reference date of 12/15/20, for Resident #1 showed section C, Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive loss. A Census List documented the resident admitted to the facility on 12/8/20. The Baseline Care Plan, signed complete 12/10/20, documented Resident #1's cognition as alert and cognitively intact. The Minimum Data Set (MDS) Assessment, 12/15/20, in progress, showed Section C. Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognitive functioning. A Progress Note, dated 12/14/20, documented	F 880		

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F 880	Continued From page 3 the resident left at 10:17 a.m. to go out of the facility for a wound clinic appointment and returned 12/14/20 at 12:02 p.m. The Progress note documented a follow-up appointment with wound clinic scheduled for 12/21/20. During an observation on 12/14/20 at 9:34 a.m. the surveyor noted a three bin stand outside of Resident #1's door containing PPE. A "Isolation Precaution" sign hung above the door frame instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. During an interview on 12/14/20 at 9:35a.m., resident #1 reported he/she admitted to the facility about one week ago. He/she stated not all staff stop at the doorway and put on an isolation gown and gloves. Several staff just walk right in wearing only the mask and face shield, especially to deliver medications. 2. The MDS, dated 10/1/20, showed a BIMS score of 15 indicating no cognitive loss for Resident #2. The MDS documented Resident #2 required extensive assistance for transfer, dressing and personal hygiene. The MDS listed a diagnosis of heart failure, hypertension, schizoaffective disorder bipolar type, Alzheimer's Disease, non-Alzheimer's Dementia, anxiety and depression. A COVID 19 PCR (test that detects viral genetic material) test, dated 12/2/20, showed the resident tested positive for COVID 19 on 12/2/20. A Census List documented the resident transferred out to the hospital on 12/9/20 and readmitted to the facility on 12/13/20.	F 880		

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F 880	Continued From page 4 During an observation 12/14/20 at 11: 23 a.m. a "Isolation Precaution" sign hung above the door frame on room 334 instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. During an observation on 12/14/20 at 11:24 a.m., Staff F, Certified Nursing Assistant, (C.N.A.), wearing a medical mask and face shield, donned gloves and an isolation gown without performing hand hygiene to enter Resident #2's room. After care, Staff F removed the isolation gown, gloves and washed hands prior to exiting Resident #2's room. Staff F failed to remove the medical mask or sanitize the face shield before starting to pass meal trays to other resident's rooms not on isolation precautions. During an observation on 12/14/20 at 11/28 a.m. Staff E, Certified Medication Aide, (C.M.A), laid a wrist blood pressure cuff on the PPE bin without a clean barrier, outside of isolation precaution room 334. Staff E grabbed an empty package of gowns and threw in the garbage can touching the garbage can lid. Staff E donned gloves and isolation gown without performing hand hygiene. Staff E then had a problem with the isolation gown. She removed the gown, gloves and threw in the garbage touching the garbage can lid. Staff E donned gloves and an isolation gown for a second time without performing hand hygiene. Staff E wore a cloth "bronco's" cloth mask with a face shield worn high on the forehead over a stocking hat which only covered the top 1/3 of the cloth mask. She entered room 334 with a wrist cuff blood pressure machine to obtain a blood pressure on a random resident that roomed with	F 880		

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Resident #2. Staff E removed the gown, gloves and washed hands prior to exiting room 334. She returned to the medication cart and laid the wrist blood pressure cuff on top of the medication cart without a clean barrier prior to cleaning it after coming out of an isolation room 334. Staff E failed to change her medical mask or disinfect her face shield after exiting room 334. Staff E failed to sanitize the to of the medication cart where the blood pressure cuff had been laid prior to cleaning. Staff E observed continuing to set up medications on the top of the medication cart and medication pass to rooms 332 and 336 (non-COVID) room.

During an observation on 12/14/20 at 11:46 a.m. Staff H, C.N.A., wearing a medical mask and face shield, donned an isolation gown and gloves without performing hand hygiene. Staff H took a standing lift from the hallway into Resident #2's room to assist with transferring the resident. At 12:03 p.m. Staff H doffed the gown, gloves and exited the room taking the standing lift out of the isolation precaution room across the hallway to the shower room. Staff H washed her hands and left the shower room. Staff H failed to disinfect the standing lift, change mask or disinfect face shield after care provided in an isolation precaution room.

3. The MDS, dated 9/7/20, showed a BIMS score of 7 indicating severe cognitive loss. The resident required extensive assistance with transfer, dressing and toilet use. The MDS listed a diagnosis of hypertension, peripheral vascular disease, renal insufficiency, cerebrovascular accident (CVA) and diabetes.

A SARS (Sudden Acute Respiratory

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Syndrome)-CoV-2 PCR test, dated 12/6/20, showed the resident tested positive for COVID 19.

The Census List documented Resident #3 discharged to the hospital on 12/8/20 and readmitted to the facility on 12/12/20.

A Hospital Discharge Summary, dated 12/12/20, documented on admission to the hospital the resident in acute hypoxic (deprived of adequate oxygen supply) respiratory failure attributed to COVID 19 pneumonia and aspiration pneumonia.

A Progress note, dated 12/12/20, documented the resident returned to the facility on 12/12/20 at 3:40 p.m.

Resident #3's room had a "Isolation Precaution" sign hung above the door frame instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands.

During an observation on 12/15/20 at 8:46 a.m. Staff J, Registered Nurse, (R.N.), wore a face shield with her medical mask below her nose while preparing Resident #3's medications for administration. Staff E stood within 2 feet of Staff J at the medication cart while she prepared the medications.

During an observation on 12/15/20 at 9:26 a.m., Staff J came out of the nurses' station wearing gloves, a medical mask below her nose and a face shield. Staff J donned an isolation gown, a medical mask over her existing mask, and applied a second set of gloves over her first pair of gloves. Staff J removed the isolation gown and

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F 880	Continued From page 7 gloves before exiting Resident #3's room. Staff J proceeded to the nurses' station and laid the face shield she had worn into Resident #3's isolation precaution room on top of the medication cart without a clean barrier, prior to disinfecting. She picked the face shield back up and proceeded to disinfect with Lysol Bleach spray. Staff J then removed her two masks worn in to the room and performed hand hygiene after disinfecting the face shield. Staff J failed to disinfect the medication cart where the dirty face shield had been placed prior to disinfection. During an interview on 12/15/20 at 9:45 a.m., Staff E reported she was wearing a medical mask under her cloth Bronco's mask today, but had not worn a medical mask under her cloth mask yesterday when she was providing resident care. Staff E reported she should have been wearing the medical mask for resident care. Additional infection control observations for random residents not included in the resident sample included: During an observation on 12/14/20 at 9:56 a.m., Surveyor noted room 234 with an isolation precaution sign posted above the door frame stating to wear a mask, goggles, face shield gown and gloves to enter the room. Upon exit remove PPE and wash hands. During an observation on 12/14/20 at 9:59 a.m.. Staff A, C.N.A., and Staff B, C.N.A./Certified Restorative Aide, wearing face shields and medical masks, donned gloves and disposable gowns without performing hand hygiene to enter room 234. Observed Staff C, Licensed Practical Nurse, (LPN), wearing a face shield and medical	F 880		

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mask below nose, donned gloves and a disposable gown without performing hand hygiene to enter room 234. Staff A exited room 234 and failed to perform hand hygiene after glove and gown removal. Staff B removed gown and gloves, exited room 234 going across the hallway touching the shower room door to open and enter and washed hands in the shower room. Staff B failed to perform hand hygiene after glove removal. Staff C exited room 234 after removing isolation gown, gloves and performing hand hygiene. Staff A, B, and C failed to change medical masks or disinfect face shields after exiting isolation precaution room 234.

During an interview on 12/14/20 at 10:05 a.m. Staff A reported she had never been told where to get new medical masks or face shield, not had she been instructed to change medical masks or disinfect her face shield when coming out of an isolation room.

During an interview on 12/14/20 at 10:15 a.m., Staff C reported she disinfects her face shield when she gets back to the nurses station but they do not change masks or face shields, or disinfect face shields when coming out of rooms, including isolation/quarantine rooms.

During an observation on 12/14/20 at 10:20 a.m., observed Staff D, Physical Therapy, exit room 214, isolation precaution room for two random residents not included in the sample, wearing a face shield and medical mask. She doffed gown and gloves. Room 214 had a sign on the room instructing staff to wear a mask, goggles or face shield, gown and gloves. Exit remove PPE and wash hands.

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F 880	Continued From page 9 During an interview on 12/14/20 at 10:21 a.m., Staff D reported she disinfects her face shield after each resident room once she gets back to her therapy office with Lysol Spray. Staff D stated since she disinfects her face shield she does not change out her medical mask when coming out of an isolation room. Staff D reported there are hand sanitizer machines behind both sets of double doors in both directions so she can sanitize her hands there after she comes out of a resident's room. During an observation on 12/14/20 at 10:30 a.m., observed Assistant Director of Nursing (ADON) and Infection Preventionist (IP), wearing a face shield and medical mask, don an isolation gown and gloves without performing hand hygiene to enter room 222, isolation precaution room. The ADON laid her face shield on top of a three drawer PPE bin without a clean barrier and placed the face shield that had been sitting on top of the three drawer bin over her face. Prior to exiting room 222, the ADON removed the isolation gown, gloves, medical mask and washed her hands. She donned a new medical mask from the PPE bin. She took off her face shield and laid the used face shield on top of the PPE bin while picking up the face shield she had worn before going into the room and replaced over her face. She reported staff are not required to change face shields or mask when coming out of isolation rooms as long as they go to the nurses' station and clean the face shield right after being in the isolation room. During an observation on 12/14/20 at 10:45 a.m., Observed Staff C, wearing a face shield and medical mask, donned a isolation gown and gloves without performing hand hygiene to enter	F 880		

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room 230, random resident not included in the sample. Room 230 had a sign posted on the door frame for isolation precautions. Staff C exited room 230 after doffing gown and gloves.

On 112/14/20 at 10:54 a.m. Staff C asked the Surveyor if they were required to change their masks and face shields when coming out of an isolation room, stating she didn't know what they were to do. She reported the only instruction she had received is to disinfect the face shields at the start and end of the shift with the PDI wipes for thirty seconds.

During an interview on 12/14/20 at 10:58 a.m., Staff A reported they are to wash their hands in the shower room before donning PPE to go into an isolation room.

During an observation on 12/14/20 at 11:00 a.m., Staff C, wearing a face shield and medical mask, started to don gloves and an isolation gown to enter room 234. Room 234 had a sign "Isolation Precaution" sign hung above the door frame instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. Staff C failed to perform hand hygiene prior to gloving. Staff C was interrupted by a C.N.A., removed gloves and laid the isolation gown down on top of the PPE bin. Staff C walked to the nurses station, then came back and donned gloves and the isolation gown from the top of the PPE bin without performing hand hygiene and entered room 234.

During an observation on 12/14/20 at 11:06 a.m., Staff C removed isolation gown, gloves and washed hands to exit isolation precaution room

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F 880	Continued From page 11 234. Staff C then walked directly to room 237 (non-isolation precaution room), random resident not included in the sample, wearing the same medical mask and face shield. Staff C failed to disinfect the face shield or change the mask after use in isolation room 234. During an observation on 12/14/20 at 11:15 a.m., Staff E, wearing a "Bonco's" cloth face mask and face shield placed up on top of a stocking hat, covering only the top 1/3 of the cloth mask, completed hand hygiene donned a gown and gloves to enter room 332, random resident not included in the sample. Staff E exited the room at 11:17 a.m., doffed gown, gloves, performed hand hygiene. Staff E sneezed into her cloth mask and face shield. Staff E did not change the cloth face mask or disinfect the face shield. Staff E continued to pass medications to resident rooms. During an observation on 12/14/20 at 11:35 a.m., Observed Staff G, Director of Behavior Health Services, enter into room 332, random residents room not included in the sample. Room 332 had a yellow isolation precaution sign on top of the PPE bin which had been partially covered by a box of gloves which directed the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. The PPE bin was positioned directly outside of room 332. Staff G wore a medical mask and face shield into the isolation room. During an interview on 12/14/20 at 11:41 a.m. Staff G reported he did not see the isolation sign on the door frame so he didn't realize the residents in the room were under isolation precautions. He stated he should have worn a gown and gloves into the room. Staff G failed to	F 880		

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F 880	Continued From page 12 perform hand hygiene when he exited isolation precaution room 332. During an observation on 12/14/20 at 11:38 a.m. Staff E, wearing the same "Bronco's" cloth mask and face shield positioned high on the top of the head over a stocking cap covering only the top 1/3 of the cloth mask, performed hand hygiene, donned an isolation gown and gloves to enter isolation precaution room 334. Room 334 a "Isolation Precaution" sign hung above the door frame instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. Staff E doffed gown, gloves and performed hand hygiene. Staff E failed to change the cloth mask to a medical mask or disinfect her face shield after passing medications in the room. She returned to the medication cart and resumed passing medications to other resident rooms. During an observation on 12/14/20 at 12:05 p.m., room 328 had a "Isolation Precaution" sign hung above the door frame instructing the staff to wear a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. Staff I, C.N.A., wearing a medical mask and face shield, donned an isolation gown and gloves without performing hand hygiene. She entered room 328 to deliver the lunch meal. Staff I did not offer hand hygiene to the resident in room 328 prior to the meal. Staff I doffed gown, gloves and washed hands before exiting room 328. Did not change medical mask or disinfect face shield before delivering more room trays. During an observation on 12/14/20 at 12:07 p.m., room 332 had a "Isolation Precaution" sign hung above the door frame instructing the staff to wear	F 880		

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a gown, goggles or face shield, mask and gloves to enter the room; to exit remove all PPE and wash hands. Staff I, wearing a face shield and medical mask entered room 332 to deliver the lunch meal. Staff I did not offer hand hygiene to the resident. Exited room 332 without changing mask, disinfecting her face shield or performing hand hygiene. Staff I failed to follow the isolation precautions to don a gown and gloves to enter room 332. Staff I continued the meal deliver to room 326 (non-isolation room) with same mask and face shield.

During an interview on 12/14/20 at 3:00 p.m., the ADON and Infection Preventionist, reported she would not expect staff to wash their hands prior to gloving as it is not on their competency audit sheet.

On 12/15/20 at 10:05 a.m., the ADON, submitted a copy of the Donning PPE Competency form, undated. The competency form failed to address hand hygiene prior to donning PPE. On 12/15/20 at 10:08 a.m., the ADON stated she would expect that staff should follow the CDC guidelines for hand hygiene.

During an interview on 12/15/20 at 4:00 p.m., the Administrator reported she would expect that staff would follow the Center for Disease Control and Prevention guidelines for wearing appropriate PPE to enter an isolation room. She would expect that staff would perform hand hygiene when donning PPE and doffing PPE. She reported she expected staff to sanitize resident equipment after each use.

During an interview on 12/15/20 at 1:15 p.m., the DON reported she would expect staff to perform

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hand hygiene prior to donning PPE if their hands had not come into contact with any other surfaces since the last time they washed their hands. She would expect that staff would follow the isolation precaution signs and wear the appropriate PPE into resident's rooms. The DON reported cloth masks should not be worn as PPE for resident care. Staff can wear a cloth mask over a medical mask, but the cloth mask should not be worn into a isolation precaution room. She would expect staff to sanitize equipment after each resident use. Equipment should either be laid on a clean barrier or the surface where equipment is placed should be disinfected. She reported staff is only required to change the medical mask and disinfect the face shield after coming out of a COVID positive resident's room. If a resident is recovered from COVID and the roommates are on quarantined due to potential COVID 19 exposure, they test the residents daily, so the staff do not have to change masks and disinfect face shields after being in isolation precaution rooms before going to non-isolation rooms.

During an interview on 12/15/20 at 2:20 p.m., the Administrator reported she would expect staff to perform hand hygiene before donning/doffing PPE. She would expect staff to disinfect face shields and after exiting a isolation precaution room. She stated she would only expect staff to change medical masks if they were exiting a COVID positive resident's room.

The Pillar of Cedar Valley Source Control Practice, provided by the facility, revised 4/20/20, under procedure states if wearing a non-Federal Drug Administration (FDA) regulated facemask (e.g. homemade, improvised, etc.) it should not be considered PPE and should not be used for

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F 880	Continued From page 15 PPE when caring for confirmed or presumed COVID 19 residents. The Hand Hygiene Policy and Procedure, provided by the facility, dated 1/2019, directed hand hygiene is the single most efficient means of preventing the spread of infection. The policy directed if hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations. Some of these situations include before and after contact with residents, before putting on and taking off gloves, and before handling and indwelling catheter and other invasive devices that do not require a sterile procedure. Alcohol-based waterless antiseptic agents are the most effective way to remove germs and are considered the gold standard. Decontaminate hands after removing gloves. The Infection Control Practice Guidelines, undated, provided by the facility documented infection control is an increasingly important aspect of health care for both patients and employees. Using standard precautions to control the spread of infection protects employees and patients. Barriers to the spread of infection include good hand washing. The Policy defined gowns as non-permeable gowns are worn to provide protection of clothing or skin during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions and against the spread of infectious droplets transmitted by close contact. The guidelines for disposable gown use including: Wear when likelihood of contaminating clothing with blood or other potentially infectious materials. The Policy for Transmission Based Precautions,	F 880		

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Droplet Precautions documented droplet transmission involves droplets generated by the patient, employee or visitor primarily during coughing, sneezing and talking or during the performance of certain procedures, such as suctioning. Transmission occurs when droplets containing microorganisms generated from the infected person are propelled a short distance through the air and deposited on the susceptible conjunctiva, nasal mucosa or mouth.

The Mechanical Lift Maintenance Policy and Procedure, dated 1/2019, provided by the facility, instructed all lifts will have high touch areas cleaned with Sani-wipes after each use. Lifts that are utilized in isolation will be cleaned with Sani-wipes after each use.

The Center for Disease Control and Prevention (CDC) Hand Hygiene in Healthcare Setting, When and How to Perform Hand Hygiene, dated January 31st, 2020 specifies multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

Immediately before touching a patient
Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices

Use an Alcohol-Based Hand Sanitizer
Before moving from work on a soiled body site to a clean body site on the same patient
After touching a patient or the patient's immediate environment
After contact with blood, body fluids or contaminated surfaces
Immediately after glove removal

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F 880	Continued From page 17 Wash with Soap and Water When hands are visibly soiled After caring for a person with known or suspected infectious diarrhea After known or suspected exposure to spores (e.g. B. anthracis, C difficile outbreaks) The CDC's Preparing for COVID 19 in Nursing Homes, updated 11/20/20. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. Implement Source Control Measure identifies the following: Health Care Personnel (HCP) should wear a facemask at all times while they are in the facility. Cloth face coverings should not be worn by HCP instead of a respirator or facemask if PPE is required. Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn when PPE is indicated. The CDC Strategies for Optimizing the Supply of Eye Protection, updated Oct. 27, 2020, Contingency Capacity Strategies, Implement extended use of eye protection states the following: Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one HCP and reprocessed whenever it is visibly soiled or	F 880		

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F 880	Continued From page 18 removed (e.g., when leaving the isolation area) prior to putting it back on. See protocol for removing and reprocessing eye protection below. Eye protection should be discarded if damaged (e.g., face shield can no longer fasten securely to the provider, if visibility is obscured and reprocessing does not restore visibility). HCP should take care not to touch their eye protection. If they touch or adjust their eye protection they must immediately perform hand hygiene. HCP should leave patient care area if they need to remove their eye protection. See protocol for removing and reprocessing eye protection below. The CDC COVID 19 Overview and Infection Prevention and Control Priorities in non-US Healthcare Setting COVID 19 and IPC (Infection Prevention and Control) Overview. Updated August 12, 2020. Defines transmission: COVID-19 is primarily transmitted from person-to-person through respiratory droplets. These droplets are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. A physical distance of at least 1 meter (3 ft) between persons is suggested by the World Health Organization (WHO) to avoid infection, although some WHO member states have recommended maintaining greater distances whenever possible . Respiratory droplets can land on hands, objects or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes, nose, or mouth. Recent data suggest that there can be	F 880		

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F 880	Continued From page 19 transmission of COVID-19 through droplets of those with mild symptoms or those who do not feel ill . Current data do not support long range aerosol transmission of SARS-CoV-2, such as seen with measles or tuberculosis. Short-range inhalation of aerosols is a possibility for COVID-19, as with many respiratory pathogens. However, this cannot easily be distinguished from "droplet" transmission based on epidemiologic patterns. Short-range transmission is a possibility particularly in crowded medical wards and inadequately ventilated spaces . Certain procedures in health facilities can generate aerosols and should be avoided whenever possible. Current WHO guidance for healthcare workers caring for suspected or confirmed COVID-19 patients recommends the use of contact and droplet precautions in addition to standard precautions (unless an aerosol generated procedure is being performed, in which case airborne precautions are needed)1. Disposable or dedicated patient care equipment (e.g., stethoscopes, blood pressure cuffs) should be used; however, if equipment needs to be shared among patients, then it should be cleaned and disinfected between use for each patient (ethyl alcohol of at least 70%). The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), updated May 2019, retrieved from https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf under Selection and Use of Low-Level Disinfectants for Noncritical Patient-Care Devices instructs If dedicated, disposable devices are not available, disinfect noncritical patient-care equipment after using it	F 880		

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F 880	Continued From page 20 on a patient who is on contact precautions before using this equipment for another patient.	F 880		