

COVID-19, Infection Control, Breaking The Chain (What's New)

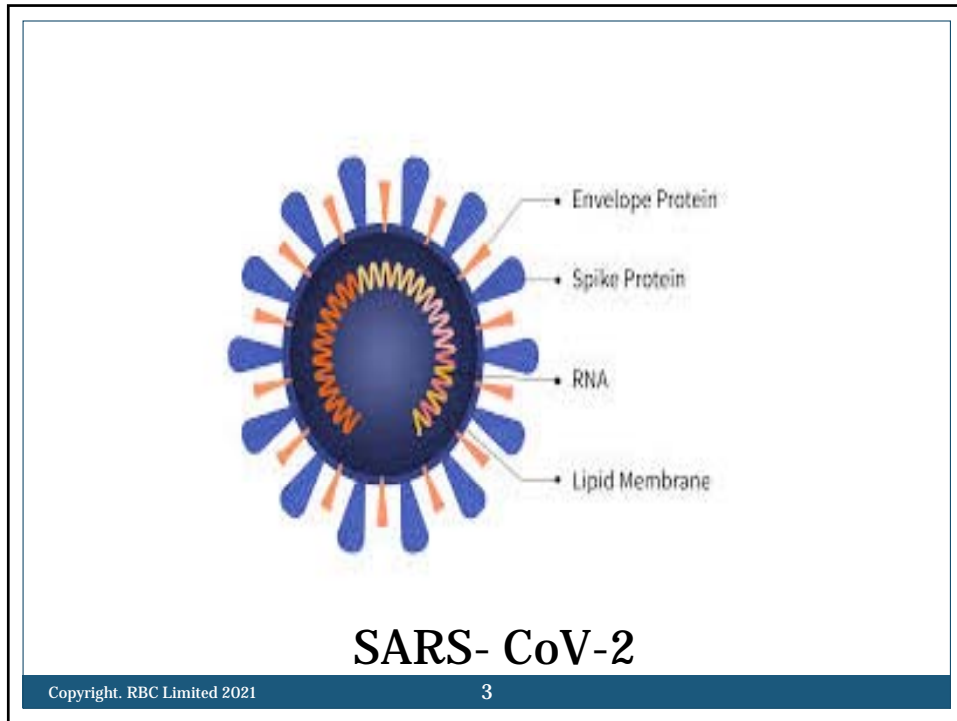


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Agenda

2

- COVID 19
- Breaking The Chain
- Infection Control and Education
- Vaccine
- Vaccination
- Updates



New COVID-19 Variants

4

Differences Between Antigenic shift & Antigenic drift

The diagram compares two mechanisms of viral evolution. On the left, 'Antigenic shift' is shown where two different viruses (one with green and purple spikes, the other with yellow and purple spikes) combine their genomes to form a 'New Sub-Type' with a mix of green, yellow, and purple spikes. On the right, 'Antigenic drift' is shown where a single virus with purple spikes undergoes 'Small Mutations' to change its surface proteins.

New Sub-Type **Small Mutations**

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Quite The Journey

5



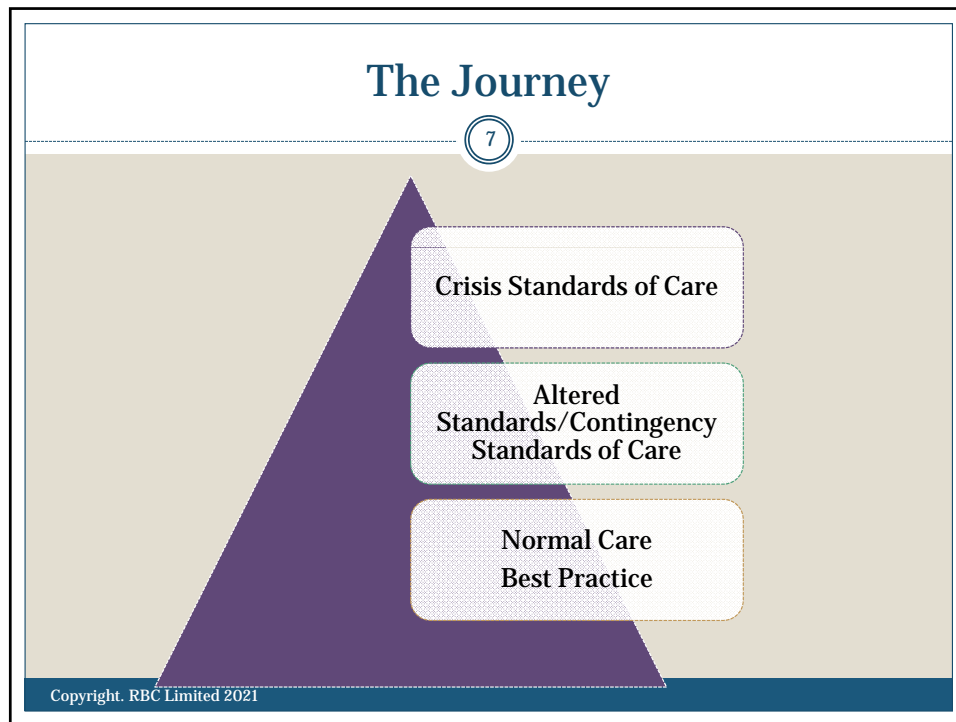
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Long Journey

6

- **Well into 2022**
- **Agencies should be focusing on**
 - **employee/patient education**
 - **infection control and prevention basics again**
 - **N95 fit testing/ppe use**
 - **monitoring for fatigue and stress**
 - **update policies and procedures**
 - **prevent a false sense of security**

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- ## Leadership Requirements
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- Being a “rock” for staff
 - Under long term duress
 - Recognize the long term effects on staff/family
 - Collaborative
 - Develop partnerships
 - Vision
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Chain of Infection

9

Agent



Reservoir



Portal of exit



Mode of transmission



Portal of entry



Susceptible host

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Standard Precautions

10

Methodology of infection control that focuses
work practices,
engineering controls, and
personal protective equipment (PPE)

to reduce or eliminate exposure to infectious
agents.

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Standard precautions

11

1) Work practices

- hand hygiene/ppe
- no eating, drinking in areas with risk of transmission
- no re-capping of used needles

2) Engineering controls

- safety devices on sharp medical devices
- sharps containers
- hand washing facilities

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Transmission–based precautions

12

Measures practiced in addition to standard precautions that are based on the confirmed or suspected presence of a specific communicable disease, and the mode(s) of transmission of that disease

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Modes of transmission

13

- contact
- droplet
- airborne
- vector-borne

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Modes of transmission

14

- **Contact transmission**
 - direct: person to person by physical contact
 - indirect: person to intermediary object to person
 - hands
 - contaminated items, equipment, surfaces

Most common mode of transmission

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Airborne Transmission

15

- Although spread of SARS-CoV-2 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely. Jan 7, 2021 CDC

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Personal Protective Equipment

16

- Right equipment
- N95s (if available)
- Eye Protection
- Observe donning and doffing of PPE
- Burn Rate
- Supply Inventory

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Vaccines

17

- mRNA vaccines are a new type of vaccine to protect against infectious diseases.
- To trigger an immune response, many vaccines put a weakened or inactivated germ into
- Not mRNA vaccines. They teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

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Current Side Effects

18

On the arm where you got the shot:

- Pain
- Swelling

Throughout the rest of your body:

- Fever
- Chills
- Tiredness
- Headache

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Delayed Response to Moderna

19

- 5-10 days after
- Erythema
- Hot
- itchy

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CDC V-Safe Program

20

- **V-safe** is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccine. Through **v-safe**, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you and get more information. **V-safe** will also remind you to get your second COVID-19 vaccine dose if you need one.

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Agency Vaccine Distribution

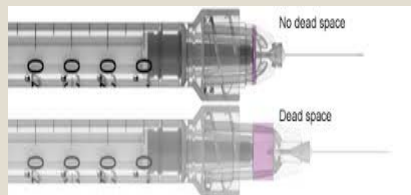
21

- Policies and Procedures
- Skill checks for vaccinators
- Low dead volume syringes
- Transportation of vaccine
- Office PODS
- Education materials
- Monitoring for side effects/allergic reactions
- Documentation

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Low Dead Volume Syringes

22



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Employee Vaccination

23

- Education on locations/vaccines/side effects
- Documentation of vaccination
- Condition of Employment?
- Messaging-
social media
office
text

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Worker Shortages/ Surge Capacity

24

- Numbers increase for cases
- Understand more about the disease
- People want to remain home
- Role for home care and hospice
- Utilizing workers becomes an imperative
- Care of “long haulers” defining our role

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HCW Return to Work

25

- HCP with *mild to moderate illness* who are not severely immunocompromised:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

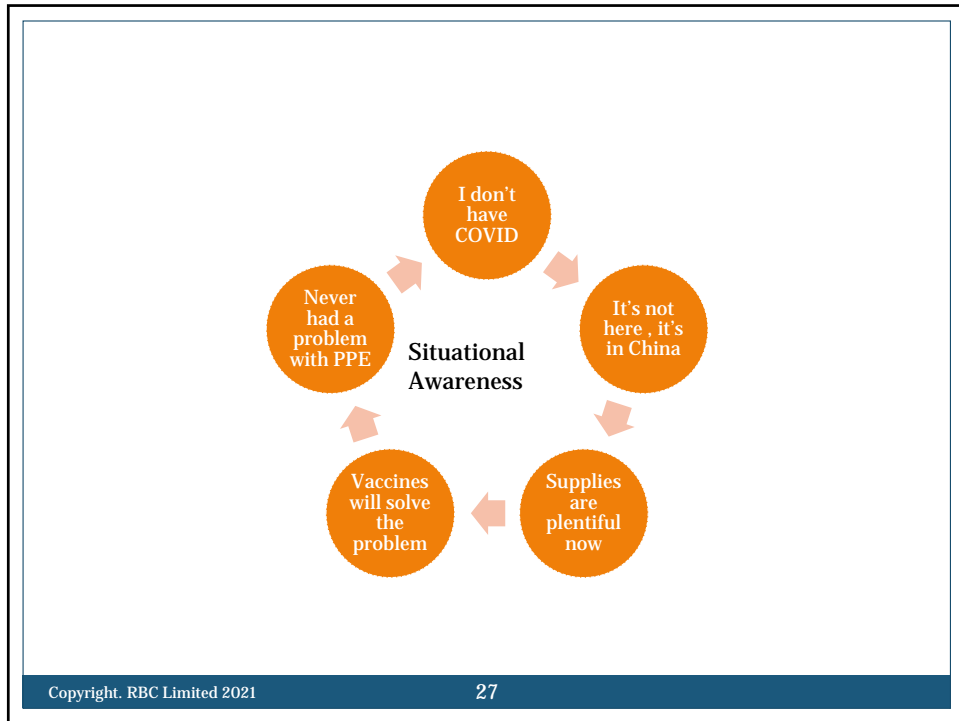
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HCW Return to Work

26

- HCP with *severe to critical illness* or who are severely immunocompromised¹:
- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

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