

Cook Children's COVID-19 Plan

1. Purpose and Scope

Cook Children's is committed to providing a safe and healthy workplace for all our employees. Cook Children's has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS).

Cook Children's has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

Specific workplace considerations were developed with input from each facility/clinic safety representative (CCPC Safety Coordinator or CCMC Department Safety Liaison) and at least one non-managerial staff members. Results of the Facility Hazard Assessment can be found in [Attachment A](#).

2. Roles and Responsibilities

Cook Children's goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has Cook Children's full support in implementing and monitoring this COVID-19 plan, and has authority to ensure compliance with all aspects of this plan.

Cook Children's and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan.

All employees, regardless of workplace, are able to offer suggestions or ask COVID-19 specific questions using the COVID-19 email address at COVID19Questions@cookchildrens.org or contacting their appropriate COVID-19 Safety Coordinator.

COVID-19 Safety Coordinator(s)			
Workplace Type	Name	Title	Contact Information (phone, email address)
Inpatient	Bridget Page	Director, Occupational Health	682-885-3837 Bridget.Page@cookchildrens.org
Inpatient	Kaysey Pollan	Director, Safety & Emergency Management	682-885-5916 Kaysey.Pollan@cookchildrens.org
Inpatient	Sharon Holmes	Director, Infection Control	682-885-5173 Sharon.Holmes@cookchildrens.org
Inpatient	Stan Davis	COO, Medical Center	682-885-4326 Stan.Davis@cookchildrens.org
Outpatient	Cathy McCall	Director, Clinical Operations CCPN	682-885-1673 Cathy.Mccall@cookchildrens.org
Outpatient	Tina Wilkerson	Manager, Clinical Operations CCPN	682-885-3683 Tina.Wilkerson@cookchildrens.org

Outpatient	Veronica Tolley	AVP, Primary / Specialty Services, CCPN	817-347-2320 Veronica.Tolley@cookchildrens.org
In Home	Brady Gendke	VP, Operations HH	682-303-2414 Brady.Gendke@cookchildrens.org
In Home	Sandra Manning	AVP, Clinical Operations HH	682-303-2418 Sandra.Manning@cookchildrens.org

3. Hazard Assessment and Worker Protections

Cook Children's will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment forms and results will be attached to this plan and will be accessible to all employees and their representatives at each facility.

Cook Children's will address the hazards identified by the assessment, and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

Patient Screening and Management

In settings where direct patient care is provided, Cook Children's will:

- Limit and monitor points of entry to the setting;
- Screen and triage all clients, patients, residents, delivery people, visitors, and other non-employees entering the setting for symptoms of COVID-19;
- Implement other applicable patient management strategies in accordance with the CDC's "COVID-19 Infection Prevention and Control Recommendations"; and
- Encourage the use of telehealth services where available and appropriate in order to limit the number of people entering the workplace.

Cook Children's has implemented a Visitor Policy to control the number of people within each facility. The specifics for each setting are below:

Medical Center

- Two designated caregivers may be with each child while they are a patient in the medical center. This does not apply to the emergency room or end-of-life situations when more than two individuals may be needed. These situations will be handled on a case-by-case basis.
- Everyone entering the medical center will be screened (temperature checked/ symptoms of illness).
- All surgery and procedural areas at the medical center and Dodson ASC, including the main OR, surgery waiting areas, etc. will follow the two designated caregivers policy in place for the medical center.

Primary Care & Specialty Care offices, Urgent Care Centers, Neighborhood Clinics, Surgery Centers, Home Health office

- Any two people from the child's household may come with the patient to any appointments or visits. For example: mom and sister; dad and daughter; mom and grandmother.

Those visiting our locations will be screened upon entering (temperature checked/ symptoms of illness).

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath or sore throat.

- Contact in the last 24 days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19 or someone who is ill with a respiratory illness.

Additional Information can be found in [Attachment B](#).

Standard and Transmission-Based Precautions

Cook Children's will develop and implement policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "[Guidelines for Isolation Precautions](#)."

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to develop and implement these policies and procedures.

Personal Protective Equipment (PPE)

Cook Children's will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Facemasks must be worn by employees over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. Policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Facemasks provided by Cook Children's will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Cook Children's will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). Cook Children's may also provide a respirator to employees when only a facemask is required (i.e., when a respirator is not otherwise required by OSHA's COVID-19 ETS) and, when doing so, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Cook Children's will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA's COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Any respirator system not provided by Cook Children's will be required to be inspected and approved by Cook Children's Occupational Health Department prior to use. Additional information about when respirator use is required can be found below.

Cook Children's employees will follow the guidance regarding facemask as outlined in [Attachment C](#).

The following are additional exceptions to Cook Children's requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, Cook Children's will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, Cook Children's will ensure that any such employee

wears a face shield, if their condition or disability permits it. Cook Children's will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.

6. When Cook Children's has demonstrated that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). When this is the case, Cook Children's will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or Cook Children's otherwise requires use of a face shield, Cook Children's will ensure that face shields are cleaned at least daily and are not damaged.

Cook Children's will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

In addition to providing, and ensuring employees wear, facemasks, Cook Children's will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Employee will follow PPE protocols in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "[Guidelines for Isolation Precautions](#)" and as outlined in [Attachment D](#).

For employees with exposure to people with suspected or confirmed COVID-19, Cook Children's will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. Cook Children's will ensure respirators are used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Employees will follow PPE guidance as outlined in [Attachment E](#), IC 500 Universal / Standard Precautions.

For aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19, Cook Children's will provide a respirator to each employee and ensure it is used in accordance with the OSHA Respiratory Protection standard (29 CFR 1910.134). Cook Children's will also provide gloves, an isolation gown or protective clothing, and eye protection to each employee, and ensure use in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19.

Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19.

When an AGP is performed on a person with suspected or confirmed COVID-19, Cook Children's will:

- Provide a respirator and other PPE, as discussed in the previous section;
- Limit the number of employees present during the procedure to only those essential for patient care and procedure support;
- Ensure that the procedure is performed in an existing airborne infection isolation room (AIIR), if available; and
- Clean and disinfect the surfaces and equipment in the room or area where the procedure was performed, after the procedure is completed.

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess and address COVID-19 hazards while performing AGPs.

Physical Distancing

Cook Children's will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, Cook Children's will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace.

Cook Children's will use visual indicators, such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.

Cook Children's will reconfigure the arrangement and placement of chairs, tables, counters, check-in and checkout stations, etc. to allow for physical distancing between people. Areas include common waiting spaces, breakrooms, and dining areas.

Physical Barriers

Cook Children's will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to identify where physical barriers are needed.

Where feasible, Cook Children's will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;
- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace air flow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others have to see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

In identified areas where physical distancing cannot be consistently maintained and spacing cannot be increased physical barriers will be provided as deemed appropriate by the COVID-19 Safety Coordinators.

Cleaning and Disinfection

Cook Children's will implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the

other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

In patient care areas, resident rooms, and for medical devices and equipment:

Cook Children's will follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)."

In all other areas:

Cook Children's requires the cleaning of high-touch surfaces and equipment at least once a day, following manufacturers' instructions for the application of cleaners.

When a person who is COVID-19 positive has been in the workplace within the last 24 hours, Cook Children's requires cleaning and disinfection, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)," of any areas, materials, and equipment that have likely been contaminated by that person (e.g., rooms they occupied, items they touched).

Employees will follow cleaning and disinfection procedures as outlined in [Attachment F](#), IC 110.

Cook Children's will provide alcohol-based hand rub that is at least 60% alcohol or provide readily accessible hand washing facilities. In addition, signs will be posted encouraging frequent handwashing and use of hand sanitizers.

Employees will follow hand hygiene guidance as outlined in [Attachment G](#), IFC 102 and IN 15.

Ventilation

Cook Children's will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and
- Existing airborne infection isolation rooms (AIIRs), if any, are maintained and operated in accordance with their design and construction criteria.

Ventilation policies and procedures will be implemented, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cook Children's will identify the building manager, HVAC professional, or maintenance staff member who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS and list the individual(s) below.

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS.

Name/Contact Information:

Dale Lillie, Asst Director Facilities Management
682-885-2908

Location:

Cook Children's Medical Center

Name/Contact Information:

Robert Weber, Director Real Estate Facilities Management
682-885-3602

Location:

Cook Children's offsite
properties

Health Screening and Medical Management

Health Screening

Cook Children's will implement a screening process for each employee before each work day and each shift.

Employees will follow the health screening and reporting guidance outlined in [Attachment H](#).

Employee Notification to Employer of COVID-19 Illness or Symptoms

Cook Children's will require employees to promptly notify their supervisor when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected to have COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}\text{F}$) and new unexplained cough associated with shortness of breath.

Cook Children's COVID 19 Hotline will handle all COVID-19 health-related information, including exposures, quarantine, when you can return to work and symptom-related questions. Employees can contact the hotline by phone at 682-303-1661 or email at COVID19OHS@cookchildrens.org

Employer Notification to Employees of COVID-19 Exposure in the Workplace

Cook Children's will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals). When Cook Children's is notified that a person who has been in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) is COVID-19 positive, Cook Children's will, within 24 hours:

- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19, or worked in a well-defined portion of a workplace (e.g., a particular floor) in which that person was present, during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission

period and the location(s) where the person with COVID-19 was in the workplace.

Notifications will not include the name, contact information, or occupation of the COVID-19 positive person.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period. The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, 2 days before testing) until the time the person is isolated.

Medical Removal from the Workplace

Cook Children's has also implemented a policy for removing employees from the workplace in certain circumstances. Cook Children's will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, Cook Children's will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, Cook Children's will keep them removed until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee. If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses to take the test, Cook Children's will continue to keep the employee removed from the workplace, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, Cook Children's will make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).

If Cook Children's notifies an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people and other visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing a respirator and any other required PPE, Cook Children's will immediately remove the employee from the workplace unless:

1. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath; AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose) or had COVID-19 and recovered within the past 3 months.

Cook Children's will keep the employee removed from the workplace for 14 days or will keep the employee removed and provide a COVID-19 test at least 5 days after the exposure at no cost to the employee. If the employee tests negative, they may return to work 7 days following exposure. If the employee tests positive, the employee must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses a test, Cook Children's will keep the employee excluded for 14 days, but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).

Any time an employee must be removed from the workplace, Cook Children's may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in isolation, Cook

Children's will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

Cook Children's will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

Return to Work Criteria

Cook Children's will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's "Isolation Guidance" and "Return to Work Healthcare Guidance." Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, Cook Children's will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

Medical Removal Protection Benefits

Cook Children's will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS. When an employee has been removed from the workplace and is not working remotely or in isolation, Cook Children's will:

- continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee.

Vaccination

Cook Children's encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. Cook Children's will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

Training

Cook Children's will implement policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

Cook Children's COVID-19 training program will be accessible in the following ways:

Required online training through ULearn for all current and new employees

Cook Children's will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
 - The signs and symptoms of COVID-19;
 - Risk factors for severe illness; and
 - When to seek medical attention;
- Cook Children's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- Cook Children's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
 - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- Cook Children's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of Cook Children's Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

Cook Children's will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

Cook Children's will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

Anti-Retaliation

Cook Children's will inform each employee that employees have a right to the protections required by OSHA's COVID-19 ETS, and that employers are prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Cook Children's will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by OSHA's COVID-19 ETS, or for engaging in actions that are required by OSHA's COVID-19 ETS.

Requirements implemented at no cost to employees

Cook Children's will comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

Recordkeeping

Cook Children's will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.

Cook Children's will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

Cook Children's will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. Cook Children's will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law.

Cook Children's will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.

By the end of the next business day after a request, Cook Children's will provide, for examination and copying:

- All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

Reporting

Cook Children's will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of Cook Children's learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of Cook Children's learning about the in-patient hospitalization.

4. Monitoring Effectiveness

Cook Children's and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

Cook Children's will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

5. **Coordination with Other Employers**

Cook Children's will communicate this COVID-19 plan with all other employers that share the same worksite, and will coordinate with each employer to ensure that all workers are protected.

Cook Children's will adjust this COVID-19 plan to address any particular hazards presented by employees of other employers at the worksite.

Cook Children's will communicate and coordinate with other employers who have current contract agreements with the organization and have employees onsite within a Cook Children's facility. They will be notified of the COVID-19 plan and all policies and procedures related to COVID-19 as part of their onboarding process.

6. **Entering Residences**

Cook Children's will identify potential hazards and implement measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). Cook Children's requires that COVID-19 protocols be communicated to homeowners and sole proprietors prior to conducting work activities at private residences or other physical locations not covered by the OSH Act.

Procedures for employee withdrawal from a location or home if other protections are inadequate are outlined in [Attachment I.](#)

7. **Signature and Plan Availability**

Cook Children's has prepared and issued this COVID-19 plan on July 5, 2021.

Employer Name:	Cook Children's Health Care System
Signature:	

This COVID-19 plan is available:

☐ Via hard copy at Environmental Safety and Emergency Management Office. 901 Building.	☐ Posted to CookNet.	☐ Available by request via the COVID19 email address.
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This model plan is intended to provide information about OSHA's COVID-19 Emergency Temporary Standard. The Occupational Safety and Health Act requires employers to comply with safety and health standards promulgated by OSHA or by a state with an OSHA-approved state plan. However, this model plan is not itself a standard or regulation, and it creates no new legal obligations.

Cook Children's COVID-19 Plan Attachments

Attachment A: Facility Hazard Assessment Spreadsheet

Clinic Name	Non-Compliant Action Items Identified	Follow-Up to Action Item
901 Psychology		
Abilene (Regional)	Not aware of need to have fan on high setting	Staff made aware
Alliance Lab		
Alliance MS		
Alliance Psychology		
Alliance Radiology		
Alliance UCC		
Amarillo (Regional)		
Arlington NHC		
Arlington PC		
Burleson		
Cardiology - Arlington		
Careteam		
Child Study Center	Unable to keep 8 ft distance	Staff wears appropriate PPE
Cityview		
Collin County		
Craniofacial - Dodson	Difficult to maintain 6 ft distance	All staff vaccinated and wear appropriate PPE
Denton MS		
Denton Psychology		
Dermatology		
Dialysis - Dodson		
Dodson ASC		
Dodson Lab		
Dodson Ortho		
Dodson Radiology		
Endocrinology - Dodson	No barriers between desks	
ENT 901		
Epilepsy Dodson		
Flower Mound		

Forest Park		
Fostering Health		
Frisco ENT		
FW Rehab		
FW UCC	Unable to maintain 6 ft distance for Registration and Nursing staff	
FWP Clearfork		
FWP Henderson		
FWP Southwest		
Gastro - Dodson		
Genetics		
Granbury		
Grapevine Springs		
Gyn		
H/O Grapevine		
Haslet		
Heart Center Dodson		
HEB		
Hebron PC		
Heritage		
Hurst MS	No barriers between patients and staff at Front Reception area; Limited barrier at checkout	
Hurst PC		
Hurst Rehab		
Hurst UCC		
Infectious Disease - Dodson		
Infusion Center - Dodson		
Keller		
Lake Forest		
Lake Worth		
Legacy		

Lewisville		
Little Elm		
Lubbock (Regional)		
Magnolia		
Mansfield MS	Workstations not 6 ft apart	All staff fully vaccinated
Mansfield PC	Unable to distance employees 6 feet at their desks	Employees wear appropriate PPE if 6 foot distancing is not an option
Mansfield Psychology		
Mansfield Rehab		
Mansfield UCC		
Mansfield-Cardiology		
Mansfield Radiology		
Maternal Fetal Medicine	Not aware of need to have fan on high setting	Staff made aware
McCart NHC	No Physical Barriers	
McKinney		
Midland (Regional)		
Miller NHC	No Barriers between clinical and clerical work areas	
Morris Innovation Center		
Motion Lab		
NE Lab		
NE Radiology		
Nephrology - Dodson		
NEST Cooper		
Neurology - Dodson		
Neuropsych Cooper		
Neurosurgery - Dodson		
North Carrollton		
North Denton		
Northside NHC		
Occupational Health		

Pain Mgt - Dodson		
Palliative Care - Dodson		
Ped Surgery - Dodson		
Plano Peds		
Propser UCC		
Prosper Specialty (MOB)		
Prosper Trail		
Psychiatry		
Pulmonary - Dodson		
Rehab-South		
Renaissance Clinic		
Renaissance Dental	Fabric curtains show signs of stains/soiled area	
Rheumatology - Dodson		
Richland Hills NHC		
San Angelo (Regional)		
Sleep Lab Dodson		
South Denton		
Southlake- Cardiology		
Southlake MS		
Southlake PC		
Southlake Psychology		
Southlake Radiology		
Southlake UCC		
Stephenville		
SW FW Psychology		
SW FW Radiology		
Teddy Bear		
Trophy Club		
Tyler (Regional)	No Physical Barriers Physicians and front office staff share the same work area	All staff fully vaccinated

Urology	No physical Barriers	
Urology Dallas		
Urology Plano		
Waco (Regional)		
Walsh Ranch		
Walsh Ranch MS		
Walsh Ranch- Ortho		
Walsh Ranch Rehab		
Walsh Ranch UCC		
Willow Park	Barrier separating Patients from Receptionist, however window must be opened to accept payments	Staff wears appropriate PPE
Windsong		
Wound Clinic		



Visitor policy update

Effective: March 8, 2021

Medical Center inpatient stays

- Two designated caregivers **must be the same two people** throughout the stay of the patient
 - They are both able to stay in the room with the patient at the same time, but must both be 18 years or older unless they are the patient's parents.
 - Only these two people are allowed to be with the patient. They cannot switch with someone else at any point during the patient's stay.
- This does not apply to the emergency room or end-of-life situations when more than two individuals may be needed. These situations will be handled on a case-by-case basis.

Outpatient visits inside the Medical Center (i.e. Radiology/Imaging, Wound Care, Outpatient Surgery and Special Procedure Area); Primary Care & Specialty Care offices, including Dodson & Infusion Center; Urgent Care Centers; Neighborhood Clinics; Outpatient Surgery Centers in Hurst & Prosper; Rehab; Home Health office

- Any two people from the child's household may come with the patient to any appointments or visits. *For example: mom and sister; dad and daughter; mom and grandmother.*
- Those visiting our locations will be screened upon entering (temperature checked/ symptoms of illness).

Special situations: Because it is difficult to socially distance in the Infusion Center, and in an effort to keep everyone safe, we must request that siblings 2 and under not be brought to H/O Clinic and Infusion Center patient appointments.

Mask Reminder:

- Everyone over the age of 2 is required to wear a mask at every Cook Children's location. This includes caregivers, employees and others, even if they have been vaccinated.
- The two caregivers with the patient must wear their mask while Cook Children's staff are in the room/area with them.
- If the caregivers leave the patient's room, exam room, other care setting or to go to any public areas, they must wear their masks at all times.

What are we screening for?

- Fever or signs or symptoms of a respiratory infection, such as cough, shortness of breath or sore throat.
- Contact in the last **24** days with someone who has a confirmed diagnosis of COVID-19, someone who is under investigation for COVID-19 or someone who is ill with a respiratory illness.



Please know:

- While you are in your child's room, examination room or other care settings across all Cook Children's locations, **you must wear your mask while Cook Children's staff members are in the room/area with you.**
- If you leave your child's room, exam room, other care setting or go to any public areas, **you must wear your mask at all times.**

Our first priority remains the health and well-being of our patients, families and employees. Thank you for helping us keep everyone safe and protected throughout the pandemic.

Via CDC.gov: CDC recommends that people wear masks in public settings, at events and gatherings, and anywhere they will be around other people.

Revised & approved by Command Center: 3/16/2021

Attachment C: Facemask Guidance



Acceptable masks to wear when visiting Cook Children's locations

All patients, staff and visitors must wear a mask while on any Cook Children's property.



Acceptable masks

Homemade cloth masks

(for visitors and non-patient-facing staff only)



Surgical/procedural masks (tie or ear loop)



Dust masks

(for visitors only)



N95 masks without vents



Face shields

All Cook Children's staff: if a face shield is worn, a surgical mask is still necessary.
All others (parents/families/visitors): if a face shield is worn by a family member/visitor, a cloth or surgical mask must ALSO be worn.



N95 respirators are preferred for health care staff during specific care activities, but may be worn by patients or visitors if that is what they're wearing when they arrive at a Cook Children's property. If a parent/visitor arrives with a vented mask, they will be given a surgical mask to wear over it.



Unacceptable masks for Cook Children's staff

Masks with vents



Why?

The vented masks should NOT be worn by Cook Children's staff because they are not as safe. Germs can escape from the vents. Masks with vents are NOT to be worn during aerosol generating procedures (AGPs).

While not encouraged, a vented mask may be worn by a parent/visitor IF it is covered at all times with a surgical mask.

Attachment D: PPE Guidance



PPE recommendations

when caring for pending or suspected COVID-19 positive patients

The minimum PPE required for all patient encounters is a mask and eye protection.

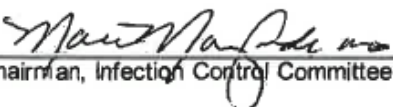
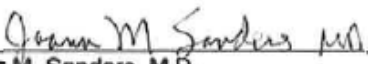
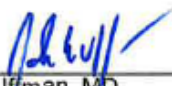
IF YOU ARE	PERFORMING THIS ACTIVITY	THIS PPE IS REQUIRED				
Direct patient caregiver (nurse, doctor, RRT, etc.)	Providing direct patient care (non-aerosolized)	medical mask 	gown 	gloves 	face shield or safety glasses various eye protections available 	
Direct patient caregiver (nurse, doctor, RRT, etc.)	Carrying out aerosolized procedures* (intubation, bronchoscopy, nebulizer, suctioning, collection of viral samples)	medical mask (over N-95 mask) 	N-95 mask 	gown 	gloves 	<u>FULL</u> face shield or goggles 
EVS staff	Entering the room	medical mask 	gown 	gloves 	closed-toe shoes 	face shield or safety glasses various eye protections available 

Effective: 11/2/2020

*This is not an all-inclusive list. Sources: CDC.gov and World Health Organization

Attachment E: IC 500 Universal / Standard Precautions



Subject: UNIVERSAL/ STANDARD PRECAUTIONS	Section: Infection Control	Policy Number: IC 500	Page: 1 of 4
	Application: System Wide		Date of Issue: May 2020
	Contact Person: Director, Infection Prevention and Control		Supersedes: May 2018
Recommended:  Chairman, Infection Control Committee  Joann M. Sanders, M.D. Chief Quality Officer	Approved:  Chip Uffman, MD President, Professional Staff  Rick W. Merrill President and Chief Executive Officer		
Sources of Policy: Regulatory: Occupational Safety and Health Administration (OSHA)	Review: Initial/Date		

PURPOSE

To provide guidance for health care workers while caring for patients to avoid exposure to bloodborne pathogens and other potentially infectious agents. This approach, recommended by the Centers for Disease Control and Occupational Safety and Health Administration (OSHA), must be used in the care of all patients.

POLICY

All health care workers must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluids is anticipated. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure, and safe injection practices. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g. wear gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient).

PROCEDURE

A. Gloves

1. Gloves must be worn for:
 - a. Handling blood and body fluids, mucous membranes, or non-intact skin of all patients.
 - b. Handling items or surfaces soiled with blood or body fluids.

- c. Performing venipuncture and other vascular access procedures (intravenous [IVs], Heparin locks, central lines, tubing changes, etc.).
2. Gloves must be changed after contact with each patient. Changing gloves is not a substitute for hand hygiene.
- B. Masks and Protective Eyewear/Face Shields - Masks and protective eyewear, and faceshields, must be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure to mucous membranes of the mouth, nose and eyes (e.g., tracheal suctioning).
- C. Gowns - Impermeable gowns must be worn during procedures that are likely to generate splashes of blood or other body fluids.
- D. Hands and Skin
 1. Skin surfaces must be washed immediately and thoroughly with appropriate soap and water when contaminated with blood or other body fluids.
 2. Hand hygiene must be performed immediately after gloves are removed. Gloves are not a substitute for hand hygiene.
 3. Health care workers with exudative lesions or weeping dermatitis on hands must wear gloves while giving direct patient care and while handling patient care equipment until the condition resolves.
- E. Needles and Sharps
 1. All health care workers must take precautions to prevent injuries when cleaning used instruments and handling sharp instruments after procedures.
 2. Needles may not be recapped (unless a needle recapper is used or one handed recapping method), purposely bent, broken by hand, removed from disposable syringes or otherwise manipulated by hand.
 3. Disposable syringes and needles, scalpel blades and other sharp items must be placed in puncture resistant containers for disposal. The puncture resistant containers must be located as close as practical to the use area and appropriately labeled.
 4. Large bore reusable needles must be placed in a puncture resistant container for transport to the reprocessing area.
 5. Sharps (Needle) containers must be replaced when $\frac{3}{4}$ full.
- F. Resuscitation - Mouth pieces, resuscitation bags or other ventilation devices must be available for use in areas in which the need for resuscitation is predictable (e.g., all patient rooms).
- G. Pregnancy - Pregnant health care workers are not known to be at greater risk than non-pregnant health care workers for acquiring diseases from patients. If a health care worker develops certain infections during pregnancy, the infant may be at risk of infection resulting from vertical transmission. Pregnant health care workers must be familiar with and adhere to these precautions to minimize the risk of transmission of bloodborne pathogens.
- H. Invasive Procedures - Invasive procedures are any surgical entry into tissues, cavities or organs, or the repair of major traumatic injuries (e.g., operating room, emergency room, outpatient clinic, gastroenterology laboratory, etc.).
 1. Gloves and surgical mask must be worn.
 2. Impermeable gowns must be worn when splashing of blood or other body fluids is likely.

- I. Protective eyewear must be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids.
- J. Cleaning and Decontaminating Spills of Blood or Body Fluids
 - 1. Approved disinfectants used at recommended dilutions can be used to decontaminate spills of blood and other body fluids. Chlorine bleach solution, sodium hypochlorite (1:10 dilution), household bleach may also be used.
 - 2. Gloves must be worn.
 - 3. In the patient care areas, visible material must first be removed and then the area must be decontaminated.
- K. Laundry
 - 1. Soiled linen must be handled as little as possible with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen.
 - 2. All soiled linen must be placed in a non-porous bag at the location where it was used.
 - 3. Regulated waste must be placed in an appropriate red liner marked with the biohazard label.
- L. Infection Control Procedures for Lumbar Punctures - A mask will be worn by the provider and assistant when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar punctures and spinal or epidural anesthesia).
- M. Implementation and Training - All CCHCS employees with patient contact or contact with patient equipment must be trained in the utilization of universal blood and body fluid precautions. Employees will receive training on employment to the system during the general orientation session for their division. This training will be reviewed on an annual basis at the employee's annual safety training, which is mandatory for all CCHCS employees.
- N. Confidentiality - All laboratory test results for Acquired Immunodeficiency Syndrome (AIDS), human immunodeficiency virus (HIV) infection, antibodies to HIV or infection with any other probable causative agent of AIDS will be confidential.

Exceptions to confidentiality will include only those enumerated in the Texas Communicable Disease Act (TEX. REV. Civ. Stat. Ann. Article 4419; b-1) (1988). These exceptions include appropriate disclosure to designated governmental agencies, the physician who ordered the test, a physician, nurse, or other health care personnel who has a legitimate need to know the test result in order to provide for their protection and to provide for the patient's health and welfare, the person tested or a person legally authorized to consent to the test on the person's behalf, and the spouse of the person tested (physician only may notify).

This confidentiality requirement does not prohibit disclosure of test results if authorization/consent for specific disclosures is received in writing from the patient or the person legally authorized to consent in their behalf. If any CCHCS employee, while performing their required duties, view any of the above referenced test results, they are required and expected to keep this knowledge confidential. CCHCS employees are advised that violation of this confidentiality requirement can result in civil liability to the CCHCS and those persons involved in a violation.

REFERENCES

[CDC 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#), (July 2019)

Morbidity and Mortality Weekly Report (MMWR), (2001), 50; (RR11); 1-42.

Morbidity and Mortality Weekly Report (MMWR), (1987), 36; (25), 15-185.

Occupational Safety and Health Administration (OSHA) Standard, April 2012

Safe Injection Practices policy IC 375

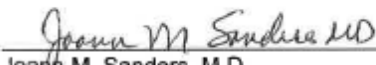
Texas Communicable Disease Act (TEX. REV. Civ. Stat. Ann. Article 4419; b-1) (1988)

Texas Law and Administrative Code, Title 25, Chapter 97

End of Policy

Attachment F: IC 110 Cleaning and Disinfection; Approved Disinfectants and Hand Hygiene Products



Subject: CLEANING AND DISINFECTION; APPROVED DISINFECTANTS AND HAND HYGIENE PRODUCTS	Section: Infection Control	Policy Number: IC 110	Page: 1 of 5
	Application: System Wide		Date of Issue: June 2020
	Contact Person: Director, Infection Prevention and Control		Supersedes: July 2018
	Recommended:  Chairman Infection Control Committee  Joann M. Sanders, M.D. Chief Quality Officer		
Approved:  Rick W. Merrill President and Chief Executive Officer			
Source of Policy: Regulatory: Environmental Protection Agency (EPA) Federal Drug Administration (FDA)		Review: Initial/Date	

PURPOSE

To ensure proper agents registered/approved by Environmental Protection Agency (EPA) and Federal Drug Administration (FDA) National Drug Code (NDC) are used for hand hygiene, cleaning, and disinfection of medical equipment and surfaces within the Cook Children's Health Care System (CCHCS).

POLICY

Each company within CCHCS will have cleaning and disinfection policies appropriate for the type of care which is provided. Each company will have a process to evaluate and select hand hygiene products and cleaners/disinfectants for use. Under no circumstances is glutaraldehyde to be used by any company.

For Cook Children's Medical Center (CCMC), the Infection Control Committee will advise and approve products for hand hygiene and cleaning/disinfection. Substantive changes in products will not be made without prior approval of the Infection Control Committee.

DEFINITIONS

Disinfectant - Any chemical compound that is used on inanimate materials for the rapid destruction of microorganisms. Few chemicals, if any, when used in practical disinfection, are actually sterilizing agents. Because the levels of disinfectant action needed in the hospital differ markedly, there can be no single universal disinfectant.

Cleaning - A process enacted for the mechanical removal of soil, organic matter, and secretions from an object.

High Level Disinfection - A process used to kill all vegetative bacteria, fungi, viruses, and mycobacterium from an object. This process may not kill all bacterial spores and usually employs a liquid chemical disinfectant (e.g., Cidex OPA). Department specific policies are required which address the use of the disinfectant, in addition to test strips, competencies, and documentation logs. Test strips are product specific.

Intermediate Level Disinfection - A process which kills most vegetative bacteria, mycobacteria, most fungi, and lipophilic viruses, but may not kill bacterial spores (e.g., PDI Sani-Cloth or PDI Sani-Cloth Bleach or Clorox Hydrogen Peroxide).

Low Level Disinfection - A process which kill vegetative bacteria, some fungi and viruses, but not mycobacteria or spores (e.g., 70-90% alcohol).

Sterilization - A process which kills all forms of microbial life including vegetative bacteria, viruses, fungi, mycobacterium, and spores.

REPROCESSING OF MEDICAL EQUIPMENT AND DEVICES CLASSIFICATION

Critical Items - Items which penetrate the skin or mucous membranes or touch normally sterile tissue are to be sterilized before each use (e.g., surgical instruments).

Semi-Critical - Items which touch mucous membranes or non-intact skin must minimally undergo high-level disinfection before each use (e.g., endoscopy instruments, respiratory therapy equipment).

Non-Critical - Items which touch intact skin must minimally undergo low-level disinfection. Examples are stethoscopes, crutches, wheelchairs, scales, thermometers, exam tables, IV poles, countertops, and other surfaces.

FACTORS INFLUENCING EFFECTIVENESS OF CHEMICAL DISINFECTANTS

- A. In any chemical disinfecting process, the item to be disinfected must be clean. Dirt, blood, grime, body secretions, sputum, and other extraneous material inhibits the action of the disinfectant by a mechanical blocking and/or neutralizing effect. Therefore, thorough cleaning is the first step in any disinfection process.
- B. The efficiency of any disinfectant is dependent on both time and concentration of the agent.
- C. When using soaps and detergents during the cleaning process, the object or surface is to be completely rinsed prior to disinfection, to avoid decreasing the effectiveness of a disinfectant.
- D. Temperature has a great influence of the efficiency of disinfectants. As a general rule of thumb, the higher the temperature, the faster acting will be the disinfectant.

USAGE

- A. Agents must be used in accordance with manufacturer's instructions to avoid harming patients or personnel using the product and to avoid damaging equipment or surfaces. Bleach solution is to be mixed daily, labeled, dated, and stored in a dark container to maintain effectiveness.
- B. All users of cleaning/disinfection products should be trained to the appropriate use of the specific product prior to use.
- C. Contracted cleaning services for off-site outpatient centers should use EPA registered cleaners/disinfectants and follow manufacturer's recommendations.

APPROVED MEDICAL CENTER HAND HYGIENE AGENTS AND DISINFECTANTS

A. Hand Hygiene Agents-Note: Triclosan products to be phased out by December 2018.

1. 2.5% and 4% CHG
2. Alcare Foam hand sanitizer™
3. EQUI-STAT™ AE-(triclosan-free) CHG compatible
4. Povidine Iodine (Betadine)
5. Cida Rinse hand sanitizer
6. Dial Basics (HypoAllergenic)
7. Hibiclens-CHG
8. Purell Hand Sanitizer™
9. Provon™
10. Triseptin Surgical Scrub™
11. Kleenex Moisturizing Instant Hand Sanitizer™
12. Sterillium® Rub Surgical Scrub™

B. Low/Intermediate level Disinfectants

1. 10% dilution household bleach
2. PDI Super Sani-Cloth™
3. PDI Sani-Cloth Bleach™
4. Cen-Kleen IV-hydrotherapy tanks
5. D-10 Sanitizer-Dietary
6. Dispatch spray and wipes
7. Ethyl alcohol
8. Expose-Env.Serv
9. Isopropyl Alcohol
10. Matt-Kleen-Rehab
11. Transeptic-Ultrasound
12. Virex-256-Env.Serv.
13. Audiologist Choice-Ultrasonic Concentrate
14. Hydrogen Peroxide-Tracheostomy Tubes
15. Prevantics® Device Swab
16. Oxyvir TB Wipes or Spray
17. Clorox Hydrogen Peroxide Cleaner Disinfectant
18. Actril-Hemodialysis
19. Barbicide® Plus-Hair and Nail Salon

C. High Level Disinfectants

1. Ortho-phthalaldehyde OPA (Cidex, Medline OPA)
2. Peracetic Acid (Acecide-C, Rapacide PA)
3. 7.5% Hydrogen Peroxide (Sporox-use when Cidex OPA unavailable)

APPROVED HOME HEALTH HAND HYGIENE AGENTS AND DISINFECTANTS

A. Hand Hygiene Agents Note: Triclosan products to be phased out by December 2018.

1. Alcare Foam
2. Bactistat
3. Bactistat AE
4. Betadine
5. Dial Antibacterial Soap (Triclosan)
6. Dial Sensitive Skin
7. Foam Care
8. Gojo Antibacterial Handwash
9. Hibiclens
10. Iodophor Scrub
11. Purell Hand Sanitizer
12. Septisol
13. CalStat

B. Low/Intermediate Level Disinfectants

1. 10% dilution household bleach
2. Cavacide 1
3. Caviwipes 1
4. Dispatch Wipes
5. Ethyl Alcohol
6. Isopropyl Alcohol
7. TB Cleaner
8. Clorox Hydrogen Peroxide Cleaner Disinfectant
9. Clorox Healthcare Bleach Germicidal Cleaner

APPROVED PHYSICIAN NETWORK HAND HYGIENE AGENTS AND DISINFECTANTS

A. Hand Hygiene Agents Note: Triclosan products to be phased out by December 2018.

1. Antimicrobial liquid soap, may be different brands
2. GBG AloeGel™ hand sanitizer
3. 3M™ Avaguard™ hand sanitizer
4. Alcare™ Foam hand sanitizer
5. Henry Schein hand sanitizer
6. Purell Hand sanitizer

B. High-level disinfectant

1. Compliance
2. MetriCide OPA Plus

C. Low/Intermediate-level disinfectants

3. Cavicide
4. Cavi-wipes
5. Citraguard
6. Citrifoam
7. 10% dilution household bleach
8. 70-90% isopropyl alcohol
9. Lysol® Spray and Wipes
10. Clorox® Wipes
11. MaxiWipe

SUPPLY CHAIN INTERRUPTIONS

In the event of Supply Chain interruptions, CCMC may use different products for hand hygiene and disinfectants as approved by the Infection Prevention and Control Director and/or Infection Prevention and Control Medical Director.

REFERENCES

[Environmental Protection Agency \(EPA\). 40 CFR and Guidelines: OCSPP Series 810](#)

Food and Drug Administration (FDA). 2005.

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. CDC, Infection Control Practices Advisory Committee (HICPAC)

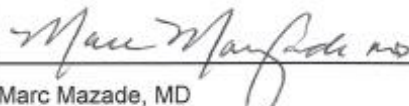
Occupational Safety and Health Administration (OSHA). 29 CFR Part 1910.1030

Spaulding EH. Role of Chemical disinfection in preventing nosocomial infections. In: Proceedings of the International Conference on Nosocomial Infections, 1970. Brachman PS, Eickhoff TC, eds. Chicago, IL: American Hospital Association, 1971:247-54.

End of Policy

Attachment G: IFC 102 Hand Hygiene, IN 15 Hand Hygiene



Subject:		Section:	Policy Number:	Page:
HAND HYGIENE Core General			IN-15	1 of 4
		Application:		Date of Issue:
		Medical Center		APR 2019
		Distribution:	Supersedes:	
		PATIENT CARE AREAS	APR 2017	
Recommended:		Approved:		
 Sharon Holmes, MPH, MT, CIC Director, Infection Prevention and Control		 Marc Mazade, MD Chairmen, Infection Control Committee		
		 Cheryl Petersen, MBA, RN, NE-BC Vice President & CNO		
Review:				
Initial/Date				

PURPOSE:

Hand hygiene remains the single most important prevention strategy to reduce the risk of transmitting infection between patients and employees.

POLICY:

All personnel are to perform hand hygiene when appropriate.

- I. Indications for handwashing-using liquid soap and water
 - A. Wash hands with soap and water if hands or gloves are visibly soiled or contaminated with proteinaceous material, or blood or body fluids.
 - B. Wash hands with soap and water after performing personal activities-e.g., using restroom, eating, etc.
 - C. Wash hands with soap and water if exposure to *Bacillus anthracis* or *Clostridium difficile*. The physical action of washing and rinsing hands is recommended because alcohol and the active antimicrobial ingredient in soap have poor activity against spores.
- II. Indications for alcohol hand rub
 - A. If hands are not visibly soiled, or contaminated with blood, use an alcohol hand gel for routine hand hygiene. Soap and water may be used if alcohol hand rub is unavailable.

III. Indications for hand hygiene

- A. Before and after contact with patients
- B. After contact with a possible source of microorganisms-e.g., contact with patient body fluids or non-intact skin.
- C. After handling hospital equipment that has been in contact with blood or body fluids.
- D. Before and after the placement or replacement of intravascular catheters, indwelling urinary catheters, and other invasive devices.
- E. Before and after invasive procedures-e.g., injections etc.
- F. Before and after removing gloves
- G. Before preparing and handling food, formula, or other products for patient ingestion.
- H. Prior to entering and leaving ALL patient rooms
- I. When providing care from a contaminated body site to a clean body site.
- J. Before preparation of medications.
- K. Refer to Addendum A for Your 5 Moments for Hand Hygiene

IV. Procedure:

A. Handwashing

- 1. Wet hands and wrists with running water. Apply a generous amount of approved handwashing soap. Rings may be left on, wash rings along with hands.
- 2. Place palms together with finger surfaces slightly interlocked. Scrub skin surface with a brisk rubbing motion, clean under nails. Wash rings, move rings around on finger to ensure adequate cleansing. Good handwashing requires a minimum of 15-30 seconds.
- 3. Wash the back or dorsum of both hands and wash well up onto the forearm, approximately 3 inches, concentrating on the wrist area and using a circular motion.
- 4. Rinse hands and forearms well, holding them downward. Dry hands and arms thoroughly with paper towels. Turn off faucet with the paper towels.

B. Alcohol Hand Rub

- 1. Apply product to palm of one-hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- 2. Follow manufacturer's recommendations regarding the volume of product to use.

V. Other aspects of hand care and protection

A. Glove use

- 1. Gloves should be used as an adjunct to, not a substitute for, handwashing.
- 2. Gloves should be used for hand-contaminating activities. Gloves should be removed and hands washed when such activity is completed, when the integrity of the gloves is in doubt, and between patients. Gloves may need to be changed during the care of a single patient, for example when moving from a dirty procedure to a clean procedure or in an isolation room between cares.
- 3. Disposable gloves are to be used only once then disposed directly into the trash.

B. Conditions of nails and hands

- 1. Nails should be short enough to allow the individual to thoroughly clean underneath them and not cause glove tears, or patient injury.
- 2. The hands, including the nails and surrounding tissue, should be inflammation free.

3. Personnel who develop skin dermatitis related to the soap are to report to Occupational Health for assessment. An alternative product may be selected for use on an as needed basis.
 4. The use of artificial nails, including gels and gel polish, which cannot be applied (use of UV or LED light) or removed in the same manner as regular nail polish are prohibited for use by medical center patient care staff per employee handbook. If nail polish is chipped it needs to be removed.
- C. Lotion
1. Lotion may be used to prevent dryness associated with frequent handwashing, and is to be ordered through stores. Apply lotion (available in Materials Management – Stores) to clean hands to prevent drying and chapping
 2. Lotion should be supplied in small, individual use or pump dispenser containers that are not refilled.
 3. Compatibility between lotion and antiseptic products and the effect of petroleum based lotions on the integrity of gloves should be considered by the user
- D. Storage and dispensing of hand care products
1. Soap, alcohol gel, and lotion containers are not to be refilled
 2. Environmental Services is responsible for replacing box soap and alcohol gel in dispensers.
 3. All products are to be in closed containers.
- E. Approved hand hygiene products
1. Refer to IC 110 for a listing of approved hand hygiene products

References:

Cleaning/Disinfection and Approved Agents policy IC-110

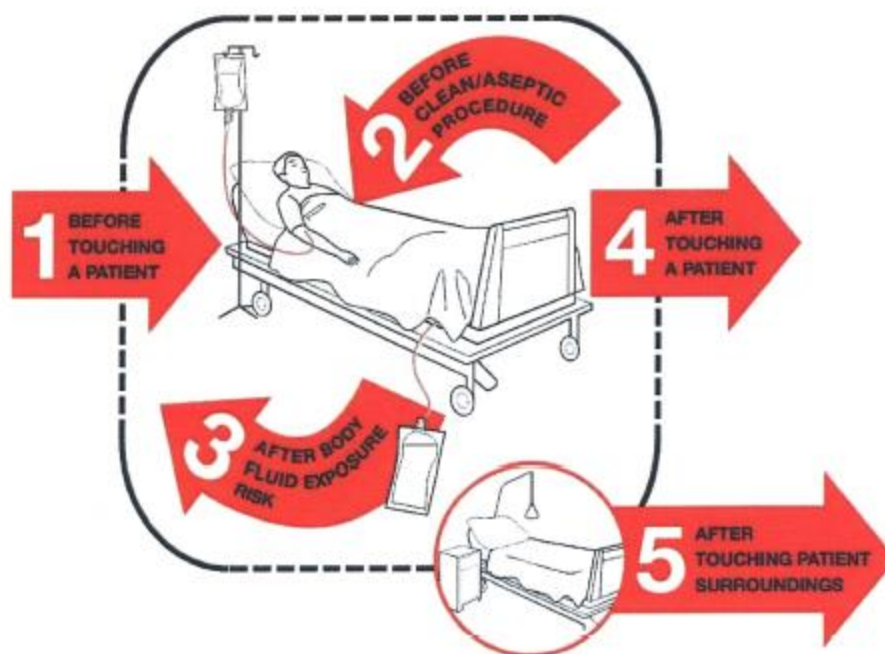
CDC Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51(No. RR-16). 2019

MMWR Recommendations and Reports. Guideline for Hand Hygiene in Health-Care Settings. October 25, 2002. Vol 51/No.RR-16.

World Health Organization: 5 Moments for Hand Hygiene

ADDENDUM A

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



**World Health
Organization**

Patient Safety

A World Alliance for Better Health Care

SAVE LIVES
Clean Your Hands

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Fig. 1.10.1

Attachment H: Employee Daily Safety Questionnaire



Daily Safety Questionnaire

Every day we need our employees to review the questions below prior to reporting to work. The safety of our precious patients at Cook Children's requires this of each employee.

Fever or chills	☐ YES	☐ NO
Cough	☐ YES	☐ NO
Shortness of breath or difficulty breathing	☐ YES	☐ NO
Fatigue	☐ YES	☐ NO
Muscle or body aches	☐ YES	☐ NO
Headache	☐ YES	☐ NO
New loss of taste or smell	☐ YES	☐ NO
Sore throat	☐ YES	☐ NO
Congestion or runny nose	☐ YES	☐ NO
Nausea or vomiting	☐ YES	☐ NO
Diarrhea	☐ YES	☐ NO
Have you tested positive for COVID-19 in the past 10 days?	☐ YES	☐ NO
Are you currently awaiting results from a COVID-19 test?	☐ YES	☐ NO
Have you been diagnosed with COVID-19 by a licensed health care provider for example, a doctor, nurse, pharmacist, or other) in the past 10 days?	☐ YES	☐ NO
Have you been told that you are suspected to have COVID-19 by a licensed health care provider in the past 10 days?	☐ YES	☐ NO

Daily monitoring for potential COVID-19 symptoms is important to track your current health status. If you experience new symptoms, consider seeing your health care provider or getting a test for COVID-19, especially where you may have had potential exposures to COVID-19.

You should also monitor your health and consider consulting your primary care physician after testing positive for COVID-19.

If you answered "YES" to any of the above items, please contact the COVID Hotline at 682-303-1661 to report any health symptoms.

You MUST inform your supervisor if you:

- Receive a confirmed positive COVID-19 test result;
- Have been diagnosed with COVID-19 by a licensed health care provider;
- Have been told you are suspected to have COVID-19 by a licensed health care provider;
- Experience new loss of taste and/or smell with no other explanation; or
- Experience both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath.

Attachment I: ENV 111 Unsafe Home Environment



Subject: PERSONNEL SAFETY & SECURITY RISKS – Unsafe Home Environment		Section: HH	Policy Number: ENV 111.0	Page: 1 of 2
		Application: CCHH		Date of Issue: July 2021
		Contact Person: Department Manager		Supersedes: June 2015
Type: Information Management				
Recommended: CCHH Policy Committee		Approved: Electronic Approval _____ Brady Gendke, Vice President of Operations Electronic Approval _____ Mike Simmons, President		
Review: Initial/Date				

PURPOSE:

Provide a procedure for dealing with a situation where Cook Children's Home Health (CCHH) personnel are at risk of injury or undue exposures due to unsafe condition(s) in or around the home.

POLICY:

When it has been determined that unsafe condition(s) exist in the home which place CCHH personnel at risk of injury or exposure, and cannot be corrected or modified to provide service safely, the patient is discharged according to this policy. CCHH personnel will notify a Director of the agency or designee immediately if such personnel are confronted with or has knowledge of an unsafe condition(s), including but not limited to verbal threat of injury from the patient or caregiver, the demonstration of violent behavior by patient or caregiver, refusal to follow infection control guidelines like wearing a mask or limiting people in the environment of care, failure to comply with mandate requirements during pandemic or natural disaster.

Responsible Personnel:

Field Personnel
Department Manager
Department Director
Document Tracking
Medical Records Department

PROCEDURE:

Field Personnel:

1. Leaves the home immediately if an unsafe condition places them at risk.
2. Contacts a Director of the agency or designee by telephone at the earliest opportunity.
3. Documents the visit on the clinical note.
4. Completes an Event Report.

Manager:

Discuss the report of unsafe conditions with the respective staff members.

1. Verifies unsafe conditions in home:
 - contacts the home and speaks with the patient or caregiver;
 - speaks with the other disciplines involved in the patient's care;
 - conferences with other agencies involved concerning the safety of the situation.
2. Conferences with the Department Director or designee regarding the report of the unsafe situation to determine the best course of action.
3. Determines disposition status, i.e., discharge, change in personnel, community resource intervention, care changes or location changes to reduce risk.
4. If an unsafe condition persists, notifies the physician of change, e.g. discharge and obtains appropriate order. Make physician aware of our discharge policy.
5. Notifies community services such as the police department, adult protective services, child protective services, etc., of unsafe condition in the home.
6. Sends a letter to the patient, notifying them of their discharge from CCHH stating the reason for discharge, and instructions to call 911 or the emergency number for any needs or if an emergency situation should arise.
7. Sends a copy of this notification to the physician and places a copy in the medical record.
8. Ensures completion of:
 - Discharge instructions for patient.
 - Discharge summary form.
 - Notifies all caregivers involved.

Document Tracking

1. Forwards patient discharge instructions to patient and physician.
2. Forwards discharge summary to physician.

Medical Records

1. Places copy of discharge notice, discharge instruction forms, and discharge summary in the patient's record.

Department Director

1. Notifies CCHH President and Medical Director of unsafe events.
2. Notifies the patient's physician.