



AN INFECTION CONTROL MODULE: BATTLING COVID-19 IN 2021



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An Infection Control Module:
BATTLING COVID-19 IN 2021

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

About this Course:

This course provides an overview of everything caregivers need to know to keep themselves and their clients safe as we enter the second year of the COVID-19 pandemic. It covers the symptoms, treatment, PPE, and other infection control measures everyone can use. Additionally, caregivers will get information on COVID long-haulers, and the COVID-19 vaccines and variants.

Audience: Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

Teaching Method: Classroom-based, instructor-led training.

For California, please indicate the teaching method used: ☐ Lecture

☐ Group Discussion ☐ Other (please specify) _____

CE Credit: 1 hour

Evaluation: The learner must achieve 80% or higher on the post-test to receive credit.

Disclosures: The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

Note to Instructors: Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at feedback@knowingmore.com.

THANK YOU!

COURSE OBJECTIVES

Explain where COVID-19 came from and trace its spread across the United States.



List the signs and symptoms of COVID-19.



Describe the infection control precautions that should be followed to prevent the spread of COVID-19.



State three important reasons to get the COVID-19 vaccine.



COURSE OUTLINE

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An Infection Control Module: Battling COVID-19 in 2021

WHY ARE WE STILL BATTLING COVID IN 2021?

As the clock struck midnight on December 31st of 2020, the world stood hopeful that the hero, 2021, would arrive on its white horse and rescue us from the clutches of the COVID-19 pandemic — but pandemics don't work that way.

When will it end?

No one can say for sure when things will get back to normal. We have access to vaccines now, but much depends on how quickly we can get people vaccinated. **Experts estimate that we need to have at least 75% of the population vaccinated before we reach "herd immunity."**

As of 09/08/2021, the vaccination rate in the US is about 890 thousand new doses per day. **Currently, about 175 million people, or 52.7% of the population has been fully vaccinated.**

We still have a long way to go.

Efforts continue to speed up delivery and administration of vaccines, including preparing to expand vaccine access to children. As vaccine manufacturers ramp up production, the federal government continues to send funding to support the mass vaccination endeavor. Experts believed we could get to at least 2 million doses a day by early summer; however, today we are at around 890 thousand new doses per day.

We all have to do our part.

The advent of increasingly contagious COVID-19 variants like Delta (which primarily depends on an unvaccinated human host to spread) highlights why it is extremely important that we all must continue to do our part to slow the spread of the virus no matter how long it takes. Wear a mask, wash your hands, stay socially distant, and get the vaccine when it's your turn to do so.

What is herd immunity?

Herd immunity arises when the majority of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely.

PLEASE NOTE: The guidance in this course is based upon information that is subject to change as we learn more about the virus. We will continue to update the course until COVID-19 is no longer a threat.

THE VIRUS SO FAR . . .





When is it Contagious?

The time from exposure to symptom onset (known as the incubation period) is thought to be between 1 and 14 days.

- Symptoms typically appear within four or six days after exposure.

However, scientists know that a person with COVID-19 can be contagious 2 to 3 days before starting to experience symptoms.

- ***People without symptoms may not even know they have the virus but can still spread the virus to others.***

This is why face masks and social distancing are so important, even when fully vaccinated. These practices reduce the risk that someone who is infected, but not yet symptomatic, may unknowingly infect others.

WHAT ARE THE SYMPTOMS OF COVID-19?

People with COVID-19 have had a wide range of symptoms. Here are a few (but not all) possible symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

And, it might be different for older adults.

As with many conditions (particularly infections), older adults don't have the typical signs and symptoms. Here's what doctors and nurses on the front lines have seen in older adults with COVID-19:

- They seem "off" — not acting like themselves
- Sleeping more than usual
- Not eating
- Unusually tired
- Confused
- Loss of orientation
- Dizzy
- Increase in falls

What should you do if your client shows symptoms?

Contact a doctor right away if you notice any of the symptoms listed above.

What should you do if YOU show symptoms?

- Caregivers who have signs and symptoms of any respiratory infection should not report to work.

If you develop signs and symptoms while on-the-job:

- Immediately stop work, put on a face mask, and plan to self-isolate at home;
- Contact your supervisor so arrangements can be made to cover the client as necessary;
- Inform your supervisor of all individuals, equipment, and locations you came in contact with; and
- Contact and follow your local health department recommendations for next steps.

CARING FOR A CLIENT WITH COVID-19

How will you care for people with known or suspected COVID-19? Here are a few tips:

For symptom relief:

- Encourage plenty of **fluids** to stay hydrated.
- Urge plenty of **rest**.
- Some **over-the-counter medicines** may help with symptoms. Be sure to check with the client's medical provider before recommending any medications.

Monitor emergency signs:

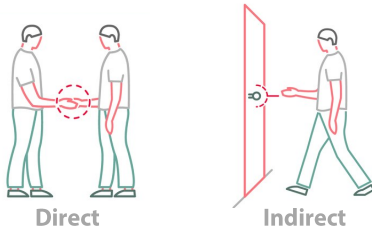
- **Pulse Ox less than 90%***
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*PULSE OX AT HOME

A pulse oximeter (pulse ox, for short) is a small device that clips on the fingertip and reads the level of oxygen in the blood. Anyone with known COVID-19 (who is healthy enough to stay home) should have a Pulse Ox reader at home and check oxygen levels frequently. A pulse ox can be purchased for \$10-\$20 at most pharmacies.

FOLLOW CONTACT, DROPLET, AND AIRBORNE PRECAUTIONS

COVID-19 can be spread in three different ways. **Follow all three PPE requirements** to protect yourself and others.



Direct

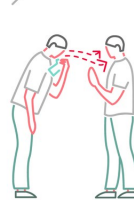
Indirect

CONTACT

- **Direct person-to-person contact.** The virus can spread directly from one person to another between people who are in close contact.
- **Indirect contact with infected surfaces.** The virus can also land on surfaces or objects and spread to another person who touches the surface or object.

WHAT PPE IS NEEDED?

Gloves and Gown



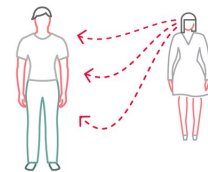
Virus can travel up to 6 feet.

DROPLET

- Infected people can spread the virus by droplets (**tiny globs of mucus, saliva, and water**).
- Droplets come out when the person talks, breathes, coughs, or sneezes.
- Droplets are heavy and tend to fall within 6 feet of the person.

WHAT PPE IS NEEDED?

Gloves, Gown, Surgical or N95 mask



Virus can travel more than 6 feet.

AIRBORNE

- Viruses that are airborne travel on much smaller droplets that become **aerosolized**.
- Instead of dropping to the ground, these particles are light enough to be carried through the air.
- They can travel more than 6 feet.

WHAT PPE IS NEEDED?

Gloves, Gown, N95 mask, Face Shield or Eye Protection

To protect yourself from all three modes of transmission, use the strictest instructions found in Airborne Precautions.

CARING FOR A CLIENT WITH COVID-19 — CONTINUED

Anyone who is confirmed to have COVID-19, or is showing symptoms but remains well enough to stay home, should be completely isolated from all other household members.

THE CDC RECOMMENDS THESE ISOLATION PRECAUTIONS:

A Separate Bedroom and Bathroom

The person who is sick should stay separated from other people and pets in the home (as much as possible).

- If a separate bedroom and bathroom are available, use these to limit contact. Wear a mask, face shield, gown, and gloves to provide personal care and to clean the area around the person who is sick.
- Provide personal cleaning supplies to the person who is sick (if appropriate). Give tissues, paper towels, and cleaners (such as Clorox wipes). If they feel up to it, the person who is sick can clean their own space.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by the infected person.

Eating and Cleanup After Meals

The person who is sick should eat (or be fed) in their separate bedroom.

- Deliver meals to the room without making contact, if possible. For example, a tray can be left on a table outside the door.
- Wear a mask, face shield, gown, and gloves if you must help to feed the person who is sick.
- Wash dishes and utensils using gloves and hot water. Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

Handling the Trash

The person who is sick should keep his or her trash separated from other trash in the home (as much as possible).

- Provide a dedicated trash can to the person who is sick. Place a disposable trash bag in the can.
- Use gloves when removing garbage from the room and carry the bag directly to an outside receptacle, if available.
- Remove gloves and wash hands afterwards.

Caring for Pets

The CDC recently announced the first confirmed cases of COVID-19 in household pets.

How can you keep pets and people safe?

- Any person who has symptoms or a confirmed diagnosis of COVID-19 should restrict contact with pets. If possible, have another member of the family care for pets while the person is sick.
- Do not let pets interact with people or other animals outside the household.
- Petting, snuggling, being kissed or licked by a pet should be discouraged at this time.
- If the person who is sick must care for the pet, remind her to wear a **facemask** and **wash her hands before and after** she interacts with the pet.





How Do You Do It?

Maintaining Social Distance with Clients

Social distancing is purposely increasing the space between people. Staying at least six feet away from other people can decrease your chances of catching COVID-19. But, if you provide personal care for clients, it might seem impossible to maintain a social distance.

Here's how you do it:

- Wash your hands and put on gloves and mask *before* coming in contact with the client.
- Ask the client to put on a mask, even if they don't feel sick.
- Limit talking while in close contact with clients.
- Turn your head or walk away (if it's safe to do so) to cough or sneeze.
- Perform personal care quickly and efficiently to minimize the time you are in close contact.

HOW IS COVID-19 TREATED?

Supportive measures are recommended for asymptomatic and mild cases. More severe cases should be treated in hospitals that have access to ventilators. Guidelines are as follows:

SEVERITY	SUPPORTIVE MEASURES
Asymptomatic (no symptoms)	<ul style="list-style-type: none"> • Contact a doctor (and follow the doctor's orders). • Follow isolation precautions. • Monitor for symptoms.
Mild (no viral pneumonia and normal oxygen level)	<ul style="list-style-type: none"> • Contact a doctor (and follow the doctor's orders). • Follow isolation precautions. • Monitor for worsening symptoms. The CDC reports, "some observations suggest that <u>respiratory symptoms may worsen in the second week of illness.</u>" • Get plenty of rest and fluids. • Tylenol or Motrin can ease discomfort associated with mild, cold-like symptoms.
Severe (difficulty breathing, persistent pain or pressure in chest, pale, gray or blue-colored skin, lips or nail beds)	<ul style="list-style-type: none"> • Get emergency help for difficulty breathing. • Hospitalization is likely required. • Follow isolation precautions. • Treatment will depend on symptoms.
Critical (failure to breathe, worsening chest pain, inability to wake or stay awake)	<ul style="list-style-type: none"> • Life-saving measures are required at this stage. • Isolation precautions remain.

WHEN CAN A CLIENT'S ISOLATION END?

Regardless of your vaccination status, when you are caring for someone with confirmed COVID-19 who is isolated at home, the CDC recommends isolation can end under the following conditions:

- At least 10 days have passed since symptom onset, **AND**
- At least 24 hours have passed fever-free without the use of fever-reducing medications, **AND**
- Other symptoms have improved.

If the person tested positive for COVID-19 but **never had any symptoms**, isolation and other precautions can be discontinued 10 days after the date of their first positive test.



WHEN CAN YOU GO BACK TO WORK AFTER AN EXPOSURE?

Any healthcare worker who has been exposed to a person with COVID-19 (on the job or in the community) should be quickly identified and assessed for fever or symptoms of COVID-19.

- If found to be symptomatic, regardless of vaccination status, they should be immediately restricted from work until a medical evaluation can be completed and testing for COVID-19 considered.
- If the exposed worker is asymptomatic, regardless of vaccination status, an assessment can be done to determine the **risk category** of exposure, necessary work restriction, and monitoring for 14 days.

What's the difference between high risk and low risk exposure?

Exposure	PPE Status	Work Restrictions
High-Risk Exposure Healthcare worker (HCW) who had prolonged (15+ mins) close (within 6 ft.) contact with a patient, visitor, or co-worker with confirmed COVID-19.	<ul style="list-style-type: none"> • HCW did not wear recommended PPE (i.e., gown, gloves, eye protection, respirator, or face mask) throughout the duration of the prolonged contact. 	<ul style="list-style-type: none"> • Exclude from work for 14 days. • Monitor for fever or symptoms consistent with COVID-19 • If symptoms develop, HCW should immediately seek a medical evaluation and testing.
Low Risk Exposure HCW other than those with exposure risk described above	<ul style="list-style-type: none"> • HCW did wear recommended PPE (i.e., gown, gloves, eye protection, respirator, or face mask) at the time of contact. 	<ul style="list-style-type: none"> • No work restrictions • Follow all recommended infection control practices. Wear a facemask while at work, monitor for symptoms, do not report to work when ill, and undergo active screening for fever or symptoms consistent with COVID-19 at the beginning of each shift.

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

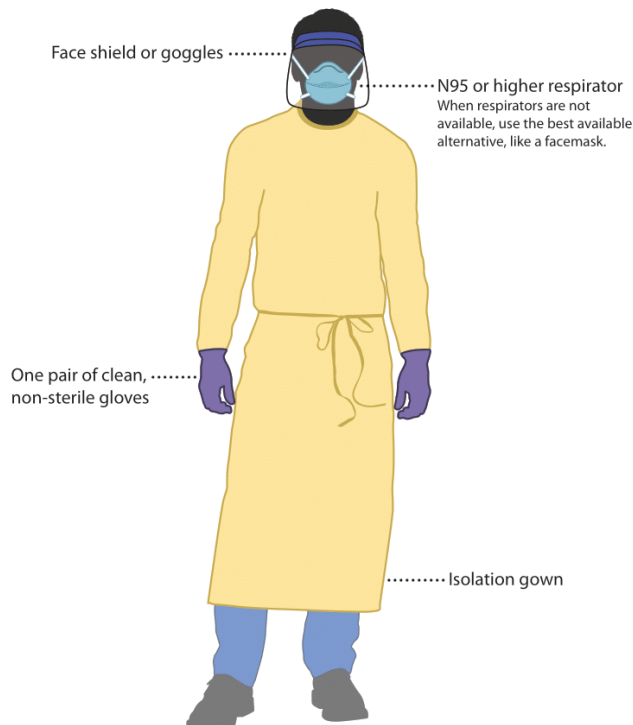
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

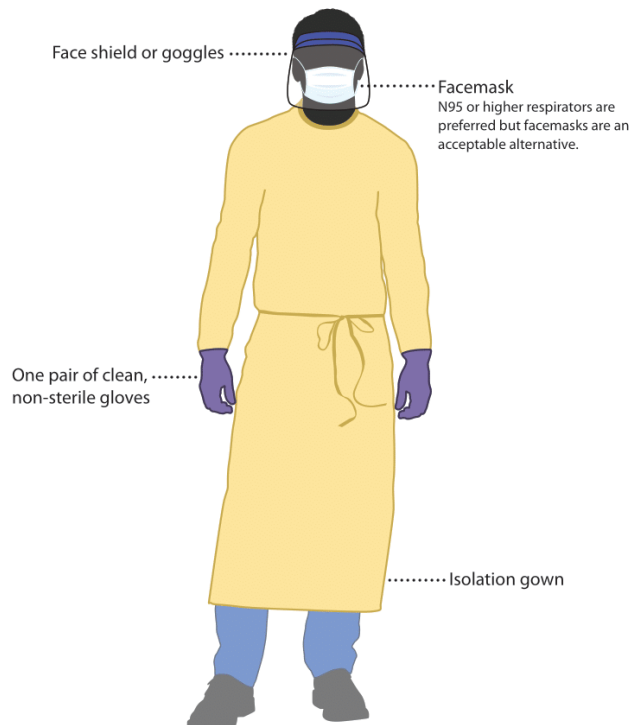
Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



www.cdc.gov/coronavirus

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
 - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
- 5. Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Put on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

- 1. Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- 2. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- 6. Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
 - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

**Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*



Facts about Long-Haulers

- There are an estimated 5 million long-haulers in the world who continue to experience COVID-19 symptoms long after they test negative.
- You can experience symptoms of a long-hauler even if you only had a mild case of COVID-19.
- At first, it was thought the long-term symptoms were a stress-related reaction. Now we know it's not "all in the head."
- The number-one complaint for long-haulers is fatigue. Number-two is brain fog.
- "Long COVID" is now a Disability under the ADA, Section 504 and Section 1557 in the United States if it substantially limits one's or more major life activities.

WHAT ARE COVID-19 "LONG-HAULERS?"

Typically, the symptoms of COVID-19 last a week or so, but that's not always the case. About 10% of COVID-19 patients become "long-haulers."

Long-haulers are those who had tested positive for the coronavirus but continue to experience symptoms long after they've tested negative. Doctors are not sure why this is happening, but long-haulers can continue to have symptoms for weeks or even months after testing negative.

What are the risk factors?

Anyone can become a long-hauler. No particular demographic (gender, age, race, health status) seems to place anyone at more or less risk for becoming a long-hauler.

What are the symptoms?

The symptoms reported and observed in "long-haulers" are varied and inconsistent. There doesn't appear to be a pattern, and everyone's experience can be different. In general, here are a few of the symptoms most commonly noted:

- Fatigue
- Brain fog
- Headaches
- Dizziness
- Increased heart rate
- Cough
- Body aches and joint pain
- Shortness of breath



Brain fog, dizziness, and headaches are by far the most troubling symptoms for long-haulers. We tend to think of COVID-19 as a respiratory illness. So, why would it affect the brain? Experts say the symptoms may be caused by postural orthostatic tachycardia syndrome (POTS, for short), which is a blood circulation disorder.

Many POTS symptoms (brain fog, dizziness, etc.) are thought to be related to poor blood flow caused by inflammation in the autonomic nervous system.

Are there any treatments available for long-haulers?

As of this date, there are no approved treatments for the symptoms associated with long-haulers. Doctors recommend self-care, such as getting enough sleep and exercising as much as the body allows.

To further address the growing number of people experiencing long-term symptoms, dozens of specialty care clinics have opened across the nation with a singular focus on long-haulers.

WHAT DO WE KNOW ABOUT COVID VACCINES?

PFIZER

Fully FDA Approved in the US on Aug. 23 for ages 16+.

95% Effective

Requires two doses,
3 weeks apart.

Immunity kicks in at 7 days
after the second dose.

Side Effects: Injection site
pain, fatigue, headache,
muscle pain. Worse after
second dose.

Approved for Emergency
use in ages 12-15.

Must be stored at -94°F.

MODERNA

Approved for Emergency
use in the US on Dec. 18.

94.1% Effective

Requires two doses,
4 weeks apart.

Immunity kicks in at 14 days
after the second dose.

Side Effects: Injection site
pain, fever, muscle aches,
headaches. Effects worse
after second dose.

Safe for people 18 years+

Must be stored at -4°F.

JOHNSON & JOHNSON

Applied for emergency use
approval on Feb 5, 2021.

66% Effective

Requires one dose.

Immunity kicks in at 28 days
after injection.

Side Effects: Injection site
pain, fatigue, headache,
muscle pain.

Safe for people 18 years+

Can be stored in a regular
refrigerator.

WHY SHOULD YOU GET VACCINATED?

You are devoted to protecting the health of your loved ones, your clients, and yourself. Getting the COVID-19 vaccine can help you do just that. **Vaccines do three important things:**

1. **Vaccines can keep you from getting sick.**
The current COVID vaccines are highly effective at preventing COVID-19.
2. **Vaccines can make symptoms less severe.** The vaccine is not a magic bullet. You can still get COVID-19, but if you get it after you've been vaccinated, the symptoms will be mild and hospitalization is less likely.
3. **Vaccines can help protect others around you.** Getting vaccinated yourself may also protect people around you, particularly those at increased risk for severe illness from COVID-19.



FAQS ABOUT COVID-19 VACCINES AND VARIANTS

FAQS ABOUT COVID-19 VACCINES

Q: If I already had COVID-19 and recovered, do I still need to get the vaccine?

- Yes. It's still unclear how long someone is protected from getting sick again after recovering from COVID-19.

Q: Will I be required to get vaccinated for work?

- The federal government does not mandate (require) vaccination for individuals. Some healthcare workers or essential employees may be required to be vaccinated under state or other law. Check with your employer to see if they have any rules that apply to you.

Q: Are the COVID-19 vaccines safe?

- All the COVID-19 vaccines currently being used have gone through rigorous studies to ensure they are as safe as possible.

Q: Should I get the vaccine if I have underlying medical conditions?

- People with underlying medical conditions can (and should) receive COVID-19 vaccines. You should not get the vaccine if you have had an immediate or severe allergic reaction to a COVID-19 vaccine or any of the ingredients in the vaccine.

Q: When can I get the vaccine?

- All the COVID-19 vaccines currently being used have been made widely available for distribution in the US. Follow your local news and your Governor's COVID-19 Task Force briefings to learn where you can obtain vaccine doses in your area.

Q: Should I get a booster?

- mRNA boosters are currently only recommended for certain immunocompromised individuals.

FAQS ABOUT COVID-19 VARIANTS

Q: Is there a new variant of the COVID-19 virus?

- Viruses frequently mutate, creating new variants over time. Multiple variants of the COVID-19 virus have been documented around the world. Variants were identified initially in the United Kingdom, South Africa, and Brazil.

Q: Have the new variants been detected in the United States?

- Yes. By early February 2021, the number of confirmed cases of variants in the US began to double every 10 days. The Delta variant is currently the dominant strain in the US.

Q: Are these variants more contagious?

- Current research shows that these variants, like Delta variant, seem to spread more quickly than the virus's original strain. This could lead to a rapid increase in the number of cases.

Q: Do these variants cause more severe disease?

- The Delta variant has been documented to be more infectious, leading to an increase in case severity and hospitalizations.

Q: Are the current vaccines effective against these variants?

- Initial findings suggest the current vaccines may be somewhat less effective against some of the new variants; however, they have been shown to be effective in preventing hospitalizations and severe illness against the Delta variant. Vaccine manufacturers are actively working on ways to add protection against the new variants into their existing vaccines.

FINAL THOUGHTS ON COVID-19 IN 2021

IT'S TIME TO DOUBLE MASK

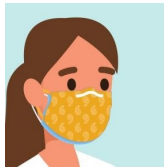
On February 10, 2021, the CDC updated its [recommendations](#) on mask wearing.

1. Choose a mask with a nose wire.

- A nose wire is a metal strip along the top of the mask. It helps fit the mask to your nose and seals it to your face.
- The mask should fit snugly over your nose, mouth, and chin.
- Check for gaps by cupping your hands around the mask's outside edges while breathing in and out. No air should escape near your eyes or from the sides of the mask. You may be able to see the mask move in and out with each breath.

2. If you can't get a good fit with one mask:

- **Double mask.** Wear one disposable mask underneath a cloth mask. The second mask should push the edges of the inner mask against your face.
- Or, **use a mask fitter or brace** over a disposable mask or a cloth mask to prevent air from leaking around the mask's edges.



MYTHS & FACTS ABOUT COVID-19

MYTH: The COVID-19 vaccine will give me COVID-19.

- **FACT:** None of the currently available coronavirus vaccines contain live virus. So it's not possible to get coronavirus from the coronavirus vaccine. You may experience symptoms associated with COVID-19, but that just means your immune system is working and your body is learning how to fight the virus.

MYTH: Once you receive the COVID-19 vaccine, you'll be protected forever.

- **FACT:** With the advent of more infectious variants, some data suggests that vaccine boosters may be needed as early as Fall, 2021. Experts are currently looking at all available data to determine how well vaccines are working and how new variants affect vaccine effectiveness.

MYTH: The COVID-19 vaccine can cause infertility.

- **FACT:** There's no evidence that the new vaccines against COVID-19 cause infertility.

MYTH: The COVID-19 variants caught health experts by surprise.

- **FACT:** The emergence of variants to COVID-19 was not unexpected. The Centers for Disease Control and Prevention explains: "Viruses constantly change through mutation, and new variants of a virus are expected to occur over time."

3. If double masking is not an option:

Knot and tuck the ear loops of a 3-ply mask where they join the edge of the mask. Fold and tuck the unneeded material under the edges. For video instructions, see <https://youtu.be/UANi8Cc71A0>.

A FEW HELPFUL RESOURCES

The CDC
www.cdc.gov

The World Health Organization
www.who.int

Locate your local Health Department
www.naccho.org/membership/lhd-directory

Dial 211
for referrals or to be connected to agencies and community organizations.

Dial 911
for emergencies only.

Call Your Doctor
if you think you have symptoms of COVID-19



EMPLOYEE NAME
(Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least 8 of the test questions correctly.***

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

1 Hour CE Credit

***File completed test
in employee's
personnel file.***

An Infection Control Module: **Battling COVID-19 in 2021**

***Are you "In the Know" about COVID-19? Mark the best choice.
Then send your answers to your supervisor!***

1. When most of the people in a community are immune to an illness, the community is said to have:

- A. Flock Immunity.
- B. Human Immunity.
- C. Herd Immunity.
- D. Cluster Immunity.

2. Which type of precautions should you follow to prevent COVID-19?

- A. Contact Precautions.
- B. Droplet Precautions.
- C. Airborne Precautions.
- D. All of the above.

3. While working in a client's home, you begin to run a fever. You also have a sore throat and feel achy. You should:

- A. Finish your shift and then go home.
- B. Finish seeing all of your clients before going home.
- C. Stop working, put on a mask, contact your supervisor, and go home.
- D. Put on mask(s) and continue working your entire shift.

4. Possible symptoms of COVID-19 include:

- A. Fever.
- B. Cough.
- C. Sore throat.
- D. All of the above.

5. True False

People known as "long-haulers" continue to test positive for COVID long after their symptoms disappear.

6. True False

As soon as you are fully vaccinated, you can stop wearing a mask and social distancing.

7. True False

During the Coronavirus crisis, you should wear a mask for all close personal contact with clients, even if you are vaccinated and don't feel sick.

8. True False

The new COVID variants are more contagious, meaning they spread faster.

9. True False

It's common for long-haulers to experience brain fog, fatigue, and dizziness.

10. True False

Only people with symptoms of COVID-19 can spread the virus to others.

Please send your completed quiz to your supervisor.