Residential and long-term care facility call

April 12, 2023

Assisted Living and Group Homes

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The new LTCF call format allows for tailored information to be provided based on facility type.

Upcoming LTCF call schedule:
- **Nursing Facilities/ICFs:** April 26
- **Assisted Living Residences/Group Homes:** May 10

The meeting link will remain the same.

Submit an idea for infection prevention training topics that you want to see during this call series.

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Agenda

- **Respiratory protection programs**
  Deniece Waruinge, RN, MPA, Infection Prevention Educator

- **Rapid antigen test distribution**
  Jessica Mechtenberg, LTC Project Manager

- **Infection prevention**
  - Resources
  - Test reporting Q&A
  - Infection Control Officer requirements
  April Burdorf, Infection Prevention Program Manager

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Respiratory Protection Program toolkit

Deniece Waruinge, RN MPA
Infection Prevention Educator
Project Firstline
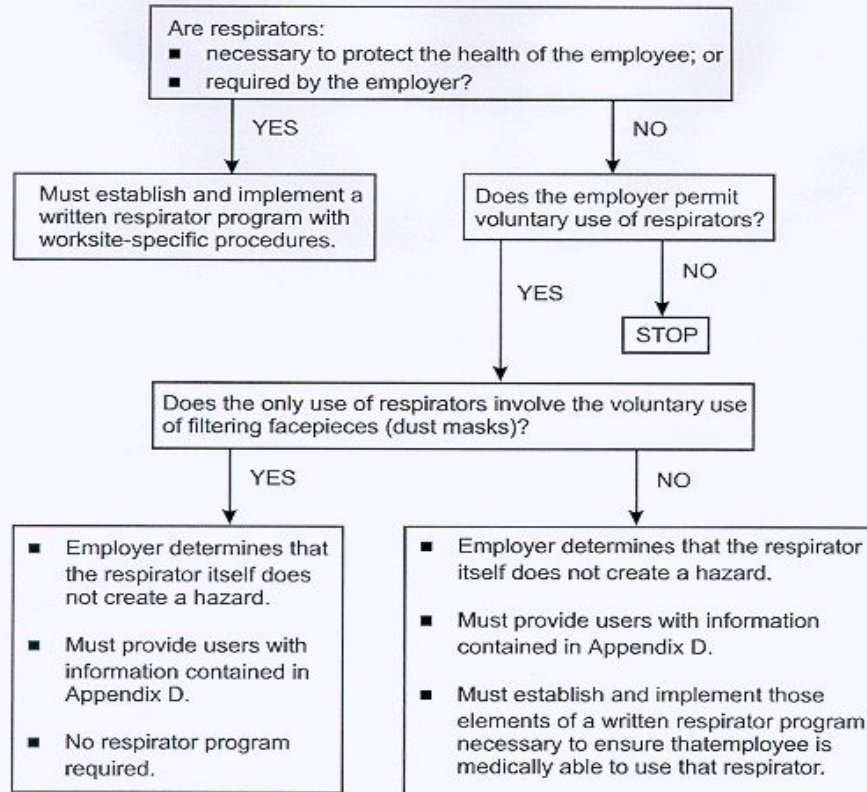
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What is a Respiratory Protection Program (RPP) and why do we need it?

Respirator-Use Requirements Flow Chart
29 CFR 1910.134(c)

Are respirators:
- necessary to protect the health of the employee; or
- required by the employer?

YES → Must establish and implement a written respirator program with worksite-specific procedures.

NO → Does the employer permit voluntary use of respirators?

- **NO** → STOP
- **YES** → Does the only use of respirators involve the voluntary use of filtering facepieces (dust masks)?

YES
- Employer determines that the respirator itself does not create a hazard.
- Must provide users with information contained in Appendix D.
- No respirator program required.

NO
- Employer determines that the respirator itself does not create a hazard.
- Must provide users with information contained in Appendix D.
- Must establish and implement those elements of a written respirator program necessary to ensure that employee is medically able to use that respirator.

Flowchart: OSHA

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Respiratory Protection Program goals

A Respiratory Protection Program is critical in settings with identifiable respiratory hazards. Some of the benefits of establishing a program include:

- Hazard identification and implementation of control measures.

- Understanding the need for respirator use.

- Understanding the use of appropriate respirator type for the identified hazards.

- Understanding of the legally enforceable respiratory protection standards.

Understanding the Difference

	Surgical Mask	**N95 Respirator**
Testing and Approval	Cleared by the U.S. Food and Drug Administration (**FDA**)	Evaluated, tested, and approved by **NIOSH** as per the requirements in *42 CFR Part 84*
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (**only non-oil aerosols**).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

This information provides clarification regarding respirator and mask use in workplaces in which employees are exposed to respiratory hazards, it is not specific for the COVID-19 pandemic.
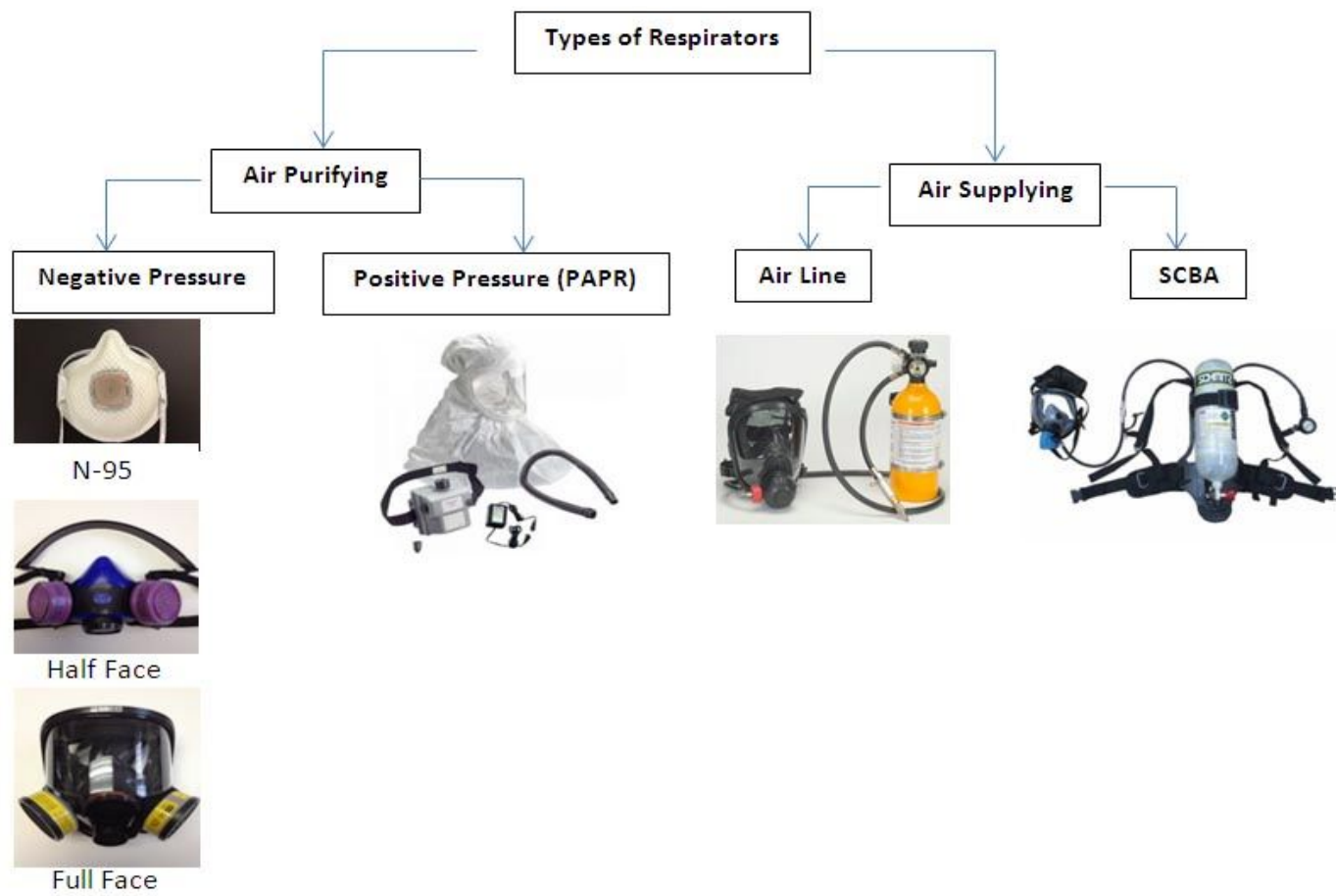
CDC NIOSH
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

Infographic: CDC

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Types of Respirators

Air Purifying
- Negative Pressure
  - N-95
  - Half Face
  - Full Face
- Positive Pressure (PAPR)

Air Supplying
- Air Line
- SCBA

Flowchart:
UMass Amherst

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Setting up a Respiratory Protection Program

To develop a successful program:

- Appropriately determine and assign roles and responsibilities for program administration and implementation.

- Conduct a hazard assessment and include results in the program.

- Identify employees at risk of exposure to hazards present in the workplace.

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Respiratory Protection Program components

An OSHA-compliant respiratory protection program includes the following essential components listed on the Occupational Safety and Health Standards 29 CFR 1910.134:

1. Nine OSHA provisions.

2. Written program/living document.

3. Administered by a trained program administrator.

RPP components

OSHA Provision #1:

Selecting respirator

- Match to nature of hazard.

- Work conditions and job requirements.

- Functionality and limitations of available respirators.

- NIOSH-approved.

NIOSH-approved respirators

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Types of N95 respirators

Image:
Vitality Medical

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Required Labeling of NIOSH-Approved N95 Filtering Facepiece Respirators

For more information about NIOSH-Approved respirators, go to: **http://knowits.NIOSH.gov**

Example of Exterior Markings — Approval holder business name, a registered trademark or an easily understood abbreviation.

If privately labeled, the private label name or logo will appear instead of the approval holder business name.

NIOSH — NIOSH name in block letters or NIOSH logo.

Model # XXXX — Model Number or Part Number

Lot # XXXX — Lot Number and Date of Manufacture (recommended, but not required)

Manufacturer's Name
NIOSH
MODEL Number
Lot Number
TC-84A-XXXX
N95

Exterior View

TC-Approval Number (TC-84A-XXXX) — For products manufactured after September 2008, the TC-Approval number is required to appear on the product.

Filter Designation — NIOSH filter series. Alpha-numerical rating followed by filter efficiency level (example, N95, N99, N100, R95, P95, P99, P100)

Graphic:
CDC

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RPP components

OSHA Provision #2:

Medical evaluation

- For all required to wear a respirator.
- Performed by licensed health care professional.
- Completed before every fit testing.

29 CFR 1910.134 Appendix C: Medical Questionnaire

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Medical evaluation process

Employer identifies licensed health care professional to complete medical evaluations.

Employee completes 29 CFR 1910.134 Appendix C (Medical Questionnaire pdf version).

'YES' to any of questions 1 - 8 in Part A Section 2 or initial medical examination demonstrates a need for follow-up.

'NO' to all questions in Part A Section 2.

Cleared for respirator use.

Follow-up medical examination required.

Cleared with restrictions.

Cleared for respirator use.

Not cleared for respirator use.

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Fit testing

RPP components

OSHA Provision #3:

- Must be done before initial respirator use and annually.
- For each different respirator to be used.
- Retest as needed when changing respirator types available and when physical changes that affect user fit occur.
- Qualitative or quantitative.

29 CFR 1910.134 Appendix A: Fit Testing Protocols

OSHA Respiratory Protection Training Videos

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Fit testing

Qualitative
Subjective.
Four approved protocols.
Most common - Saccharin or Bitrex.
Used for APR respirators.

Quantitative
Objective.
Three approved protocols.
Most common - ambient aerosol condensation nuclei counter test (CNC).
Can be used for all types of respirators.

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Qualitative:
FT-30 Bitter

Quantitative:
PortaCount 8048 Kit

Image:3M; TSI

QUANTITATIVE
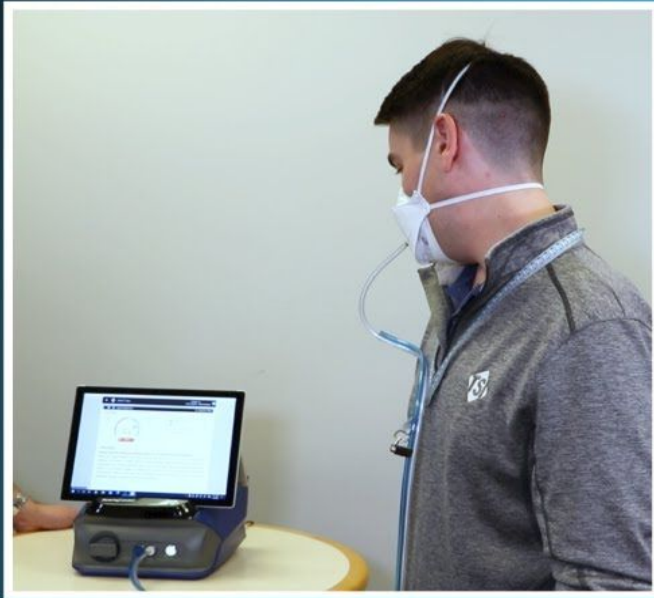
QUALITATIVE

Image: Youtube: TSI Incorporated

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Facial Hairstyles and Filtering Facepiece Respirators

Intended for workers who wear tight-fitting respirators

RESPIRATOR SEALING SURFACE

CLEAN SHAVEN ✓
STUBBLE ✗
LONG STUBBLE ✗
FULL BEARD ✗
FRENCH FORK ✗
DUCKTAIL ✗
VERDI ✗
GARIBALDI ✗
BANDHOLZ ✗

SOUL PATCH ✓
GOATEE (Careful! Chin hair may easily cross the seal)
CHIN CURTAIN ✗
EXTENDED GOATEE ✗
CIRCLE BEARD ✗
ANCHOR
BALBO
(Careful! Chin hair may easily cross the seal)
VAN DYKE ✗
IMPERIAL ✗

SIDE WHISKERS ✓
MUTTON CHOPS ✗
HULIHEE ✗
HORSESHOE (Careful not to cross the seal)
ZAPPA ✓
WALRUS ✓
PAINTER'S BRUSH ✓
CHEVRON ✓
HANDLEBAR ✓

PENCIL ✓ ✓
LAMPSHADE ✓
ZORRO ✓
VILLAIN (Careful not to cross the seal)
WET NOODLE ✗
ENGLISH ✗
DALI ✗

*If your respirator has an exhalation valve, some of these styles may interfere with the valve working properly if the facial hair comes in contact with it.
*This graphic may not include all types of facial hairstyles. For any style, hair should not cross under the respirator sealing surface.
Source: OSHA Respiratory Protection Standard
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=12716
Further Reading: NIOSH Respirator Trusted-Source Webpage
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html

Original image vector by fredrisher/Shutterstock.com

CDC NIOSH — Centers for Disease Control and Prevention National Institute for Occupational Safety and Health

2017

Image: CDC

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RPP components

OSHA Provision #4:
Procedures for appropriate day-to-day use vs. emergency use.

OSHA Provision #5:
Maintenance procedures: Cleaning, disinfecting, storing, inspecting, repairing, and discarding.

*OSHA Provision #6:
Suitability procedures: adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators (SCBA).
*if applicable.

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RPP components

OSHA Provision #7:
Respiratory hazards and exposure training.

OSHA Provision #8:
Appropriate use procedures: Proper use, donning, doffing, respirator limitations.

OSHA Provision #9:
Program effectiveness evaluation protocols.

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RPP components

Written program

Written program guidelines:

- A living document with site specific policies and procedures that is updated as needed.

- Accessible to all employees.

- Available to OSHA representatives on request.

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RPP components

Program administration

Program administration guidelines:

- OSHA training on respiratory protection standards.

- Knowledge of the principles of respiratory protection.

- Authority to implement program.

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Resources

CDPHE

[CDPHE Respiratory Protection Program Toolkit](#)

CDC

[CDC/NIOSH/OSHA Hospital Respiratory Protection Program Toolkit Webpage](#)

[Hospital Protection Program Toolkit PDF (2022)](#)

[CDC: Donning and doffing PPE sequence](#)

[CDC Infographics](#)

[CDC: Guide to infection prevention for outpatient settings (2016)](#)

OSHA

[OSHA Respiratory Protection Standard Requirements pdf](#)

[OSHA Respiratory Protection Program Guidelines](#)

[OSHA Archive: Extended use/reuse of respirators during COVID-19 pandemic (2020)](#)

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Resources

NIOSH

[NIOSH: Reuse/extended use FAQ (2018)](#)

[NIOSH: Fit testing FAQ (2018)](#)

[NIOSH: Seal check FAQ (2018)](#)

[NIOSH: Healthcare respiratory protection resources](#)

[NIOSH: Respiratory protection information source (2022)](#)

APIC

[2009 APIC position paper: Extended use/reuse of respirators during disasters](#)

[APIC archive doc (n.d.): Respirator reuse in ARD emergencies](#)

[APIC: Infection prevention for ambulatory care centers during disasters (2013)](#)

[APIC DOs & DONTs for respirator use (2015)](#)

[APIC: Safely reprocessing respirators for reuse during epidemics (2022)](#)

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References

CDPHE Respiratory Protection Program Toolkit

CDPHE. (n.d.). *Respiratory protection program toolkit.*
https://drive.google.com/file/d/1Opw4y2lIX1WL3O4joXyG0n1PAQhdiogE/view

CDC/NIOSH/OSHA Hospital Respiratory Protection Program Toolkit

CDC. (April, 2022). *Hospital respiratory protection program toolkit.*
https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117revised042022.pdf?id=10.26616/NIOSHPUB2015117

Rapid antigen test distribution

Jessica Mechtenberg, Project Manager

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Shipment of antigen testing supplies to facilities

- Reminder: facilities will be unable to submit PCR tests to state-contracted labs (Mako and ATCG) after May 8.

- CDPHE made a one-time purchase of 1.4 million COVID-19 point-of-care antigen tests that will be distributed to all residential care facilities.

- Facilities will receive approximately 50 point-of-care tests per resident to be used for both staff and resident testing. The supplies are anticipated to last for at least one year.

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Shipment of antigen testing supplies to facilities

- CDPHE began shipping supplies to facilities via FedEx on April 10, 2023.

- Smaller facilities will receive boxes of tests while larger facilities will receive cases.

- Cases containing 640 tests measure approximately 20 inches by 24 inches by 20 inches. Facilities should prepare storage space.

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Shelf life of distributed tests

- The majority of the Binax tests shipped to facilities will have a shelf life of 22 months.

- Some larger facilities will also receive tests from CDPHE's current stock, which includes tests that expire in the summer of 2023.

- Facilities should check expiration dates and use tests with earlier expiration dates first.

- Expiration dates on the product packaging may have been extended. For the most up-to-date expiration dates, refer to Abbott's list of expiry extensions.

CLIA waivers

- Facilities that are performing COVID-19 antigen testing must have a current CLIA certificate for each testing location.

- Information on how to apply or renew a CLIA certificate can be found on CDPHE's Clinical Laboratory Improvement Amendments webpage.

Excess tests

- Facilities that will not be able to use all tests received prior to their expiration dates may transfer the excess testing supplies to another Colorado residential care facility or to their local public health agency for redistribution. The receiving agency must approve the transfer and have an active CLIA waiver.

Antigen testing distribution plan

Review [the antigen testing distribution plan document](#) for complete details.

Review of ALR and Group Home requirements

April Burdorf, Program Manager

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Where can I find the most up to date resources?

- The following webpage contains links to COVID-19 resources for residential and long-term care facilities, including quick links to frequently used resources: https://covid19.colorado.gov/ltcf

Quick links

- Nursing Home and Intermediate Care Facility Mitigation and Outbreak Guidance
- Assisted Living Residences and Group Home Mitigation and Outbreak Guidance
- Healthcare Community Transmission Levels
- Long-Term Care Facility Vaccine Clinic Toolkit
- Ongoing COVID-19 Long-Term Care Vaccination Plan
- Outpatient COVID-19 Treatments for Long-Term Care Facilities
- Roadmap to the COVID-19 response for new administrators, executive directors, and directors of nursing
- Report an outbreak
- Contact the infection prevention program
- Residential and Long-Term Care Newsletter (April 6, 2023)

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Bi-weekly call

How do I sign up for the bi-weekly call?

Need assistance?

- CDPHE hosts a bi-weekly virtual technical support meeting. Register for the support meeting at this link.
- If you would like to sign up to receive occasional infection prevention updates, including our bi-weekly newsletter and slides following the technical support meeting, sign up to receive email notifications.
- CDPHE's call center is available to answer calls from facilities from 8:30 a.m. to 5 p.m. Mondays through Fridays. Call 303-692-2700 or email cdphe_covid_infection_prevention@state.co.us. After hours, call 303-370-9395.
- Find your local public health agency.

Contacts

- **Infection Prevention Program** - cdphe_covid_infection_prevention@state.co.us
  - Email questions about:
    - Disease control and guidance.
    - Isolation.
    - Quarantine.
    - PPE use.
    - Infection prevention.
    - Outbreak line lists.
    - Reporting an outbreak.
    - COVID-19 vaccination, testing, and treatment.
    - Newsletters and calls.

- **CDPHE Project Firstline** - cdphe_project_firstline@state.co.us
  - Access to free infection prevention training resources.
  - Infection prevention training support at your facility.
  - Support for a CO.TRAIN account setup to complete the RCF Infection Prevention Program Training Plan.

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Can I get a copy of the slides?

Can I get a copy of the slides following the bi-weekly call?

Yes, *copies of the slides are sent through our Residential Care and Long-Term Care Facility Newsletter and through CDPHE's COHFI (Colorado Health Facility Interactive) messages.*

Need assistance?

- CDPHE hosts a bi-weekly virtual technical support meeting. Register for the support meeting at this link.
- If you would like to sign up to receive occasional infection prevention updates, including our bi-weekly newsletter and slides following the technical support meeting, sign up to receive email notifications.
- CDPHE's call center is available to answer calls from facilities from 8:30 a.m. to 5 p.m. Mondays through Fridays. Call 303-692-2700 or email cdphe_covid_infection_prevention@state.co.us. After hours, call 303-370-9395.
- Find your local public health agency.

Testing reporting Q&A

COVID-19 testing in Assisted Living and Group Homes

Are assisted living residences and group homes required to test?

Yes, assisted living residences and group homes must test the following people:

- People who have symptoms of COVID-19.
- People who have had a known exposure to COVID-19.

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Testing reporting Q&A

What if the cases were tested outside of the facility and the facility does not have access to that information?

The cases should go on the line list, but it is the responsibility of the provider/lab who did the testing to report it.

Testing reporting Q&A

Are facilities required to report staff who tested positive via unproctored antigen tests at home?

Facilities may choose to do confirmation testing for unproctored at-home antigen tests, and should report all positives. If unproctored tests at home are the only tests being done, report them on the outbreak line list. There are no requirements to report at home tests.

Testing reporting Q&A

If a lab comes into a facility to perform POC and PCR tests, does the facility need to report them?

The facility would have to consult with their contracted lab to find out what they are reporting and fill any gaps identified.

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Infection Control Officer requirements

Infection Control Officer

Requirements: (Chapter 2 section 12)

- Assign a person to serve as the facility Infection Control (IC) officer.
- At minimum, complete the Colorado RCF Infection Prevention Training using CO.TRAIN.
  - A more comprehensive training may be substituted. See the ALRs and Group Home COVID Mitigation and Outbreak Guidance for substitutions.
- In order to complete the training, the participant must have a CO.TRAIN account.
- Report the name of the IC officer and the education completed in EMResource.

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Infection Control Officer

Remain informed of changing guidance and requirements.

The on-site IC must:
- Stay up to date with infection prevention related threats impacting your community.
- Attend CDPHE technical assistance webinars.
- Subscribe to and review the RCF infection prevention newsletter.
- Review the Colorado Health Facilities Interactive (COHFI) messages from the department.
- Sign up to receive HAN notifications from CDPHE.

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Infection Control Officer

Reporting to public health

The IC must be aware of conditions reportable to public health and ensure outbreaks and individual cases of reportable conditions are reported to public health.

Report a disease

Communicable Diseases	
Animal-related diseases	›
Communicable Disease Manual	
Diseases A to Z	›
Emerging Infections Program (EIP)	
Foodborne illness	›
Healthcare-associated infections (HAIs)	

This page is for laboratories, health care providers, or public health staff who need to report a case of illness to the department.

Diseases and conditions that must be reported

Additional lab submission requirements:
- Specimen submission requirements for clinical microbiology laboratories.
- Colorado Lab Guidance for Selected Reportable Antimicrobial Resistant Organisms

How to report COVID-19/SARS-CoV-2 results and outbreaks

For information on how to report COVID-19/SARS-CoV-2 cases and outbreaks to CDPHE.

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Reportable conditions list

Complete Board of Health rules can be found at: cdphe.colorado.gov/all-regulations/regulations-adopted-by-the-board-of-health

Immediate reporting by phone is required of any illness that may be caused by biological, chemical or radiologic terrorism.

As indicated below, reporting by labs (diagnostic results and those highly correlated with disease) and providers (including suspected conditions) is required in accordance with Regulation 6 CCR 1009-1. In addition to reporting positive laboratory results to public health, clinical laboratories are required to submit isolates and/or clinical material to the CDPHE laboratory for select pathogens. For all other pathogens, isolate/clinical material submission may be requested.

Time	Rep		Time	Rep	
4d	L	Acinetobacter baumannii, carbapenem-resistant (CRAB)*	4d	P	Influenza-associated death if <18 years
4d	P	Acute flaccid myelitis	4d	L&P	Influenza-associated hospitalization
24h	P	Animal bites (by dogs, cats, rabies reservoir species & other wild carnivores)	4d	L&P	Legionellosis
			4d	P	Leprosy (Hansen's Disease)
4d	P	Animal bites (by any other mammals)	4d	L&P	Listeriosis*
Imm	L&P	Anthrax*	4d	L&P	Lyme disease
4d	L	Arboviral Diseases (Eastern equine encephalitis, LaCrosse encephalitis virus, Japanese encephalitis virus, California encephalitis serogroup, St. Louis encephalitis virus, Western equine encephalitis virus, Powassan virus and others)	4d	L&P	Lymphogranuloma venereum (LGV)⁰
			4d	L&P	Malaria
			Imm	L&P	Measles (rubeola)
Imm	L&P	Botulism	Imm	L&P	Meningococcal Disease (N. meningitidis or gm-neg diplococci)* †
4d	L&P	Brucellosis*	4d	P	Multisystem Inflamatory Syndrome in Children (MIS-C) if <21 years
4d	L&P	Campylobacteriosis	4d	L&P	Mumps
Imm	L&P	Candida auris (identified or suspected, including Candida haemulonii)*	30d	L	Mycobacterium, nontuberculous (NTM) ⁵⁻ᶜᵒᵘⁿᵗʸ
30d	L	Candidemia ⁵⁻ᶜᵒᵘⁿᵗʸ	Imm	L&P	Outbreaks (all types, including foodborne, water, person-to-person, healthcare settings)
4d	L&P	Chancroid⁰			
4d	L	Chikungunya	1wd	L&P	Pertussis (whooping cough)
4d	L&P	Chlamydia⁰	Imm	L&P	Plague*
Imm	L&P	Cholera*	Imm	L&P	Poliomyelitis
4d	P	CJD & other transmissible spongiform encephalopathies (TSEs)	4d	L	Pseudomonas aeruginosa, carbapenem-resistant
30d	L	Clostridioides difficile ⁵⁻ᶜᵒᵘⁿᵗʸ	4d	L&P	Psittacosis
4d	L	Colorado tick fever	4d	L&P	Q fever (Coxiella burnetii)
1wd	L&P	COVID-19 (SARS-COV-2 positive result on any test type and COVID-19 lineage or sequencing)	Imm	L&P	Rabies, human (suspected)
			4d	L&P	Respiratory Syncytial Virus (RSV)-associated hospitalization ⁵⁻ᶜᵒᵘⁿᵗʸ
1wd	L&P	COVID-19 (SARS-COV-2 negative or inconclusive result on any test type)	4d	L&P	Rickettsiosis (including RMSF and typhus)
Imm	L&P	Coronavirus, severe or novel (MERS-CoV or SARS-CoV)	1wd	L&P	Rubella, acute infection
4d	L&P	Cryptosporidiosis	4d	L&P	Rubella, congenital

Pay attention to COVID-19 cases and outbreaks (all types) in healthcare settings.

Outbreaks are immediately reportable by both laboratories and providers.

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EMResource

The IPC should ensure timely and accurate reporting in EMResource.

- Reporting should occur once during each bi-monthly reporting period: Period one and period two. Multiple reports within the same reporting period will overwrite previous reporting and does not meet requirements for future reporting periods.

  - Reporting period one is defined as days 1-14 of each month.

  - Reporting period two is defined as days 15-31 of each month.

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Provide necessary supplies

Ensure that facility personnel have access to all the necessary supplies required to adhere to recommended infection prevention and control practices, including but not limited to:

- Hand hygiene supplies.
- Supply of surface disinfectant.
- Personal protective equipment.

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Education

- The IPC is responsible for ensuring that residents, staff, and visitors know about current precautions being taken in the facility for infectious diseases, including COVID-19, and actions they should take to protect themselves and others.

- Educate and train staff about practices to prevent spread of infections, including reminding them not to report to work when ill.

Resources

Project Firstline

- Communicable Diseases
- Animal-related diseases ›
- Communicable Disease Manual
- Diseases A to Z ›
- Emerging Infections Program (EIP)
- Foodborne illness ›
- Healthcare-associated infections (HAIs) ›
- Infectious disease guidelines ›
- **Project Firstline**
- Report a disease ›
- TB (tuberculosis) ›
- Vaccine-preventable diseases

For assistance with respiratory protection, training and education program development, email cdphe_project_firstline@state.co.us.

Respiratory Protection Program

The onsite person responsible for infection prevention and control must implement a respiratory protection program that is compliant with the Occupational Safety and Health Administration (OSHA) respiratory protection standard (29 CFR 1910.134) for employees, if not already in place.

The program should include medical evaluations, training, and fit testing.

Project Firstline IPC materials and job aids

- Fact sheets.
- Posters.
- Social media images.
- Videos.

Free to use and download from CDC's website! Great materials to post around your facility to remind staff about IPC practices.
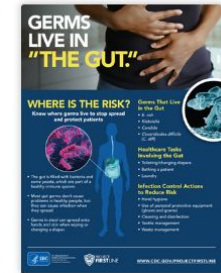

Fact Sheets

Infographics

Skin Profile [PDF – 1 Page]
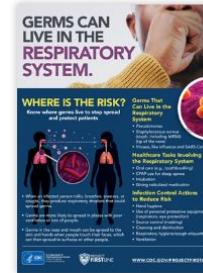
Respiratory System Profile [PDF – 1 Page]

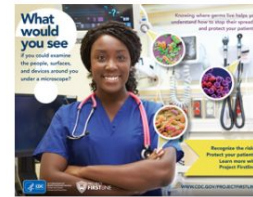Blood Profile [PDF – 1 Page]

Gut Profile PDF [PDF – 1 Page]

Posters

Thousands of Germs Poster 1 [PDF – 1 Page]

What would you see? Poster [PDF – 1 Page]

Dirt and Dust Profile [PDF – 1 Page]

Devices Profile PDF [PDF – 1 Page]

Thousands of Germs Poster 2 [PDF – 1 Page]
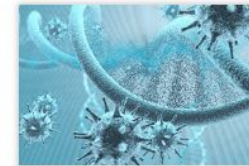
COLORADO Department of Public Health & Environment

Topics

Infection Control and COVID-19

- The Concept of Infection Control
- The Basic Science of Viruses
- How Respiratory Droplets Spread COVID-19
- How Viruses Spread from Surfaces to People
- Multi-Dose Vials
- PPE: Eye Protection, Gloves & Gowns, Respirators
- Hand Hygiene
- Environmental Cleaning and Disinfection
- Source Control
- Asymptomatic Spread of COVID-19
- Ventilation

The Concept of Infection Control

The Basic Science of Viruses

How Respiratory Droplets Spread COVID-19

How Viruses Spread from Surfaces to People
Topic Four: How Viruses Spread

How COVID-19 Spreads: A Review
Topic Five: How COVID-19

Multi-Dose Vials
Topic Six: Multi-Dose Vials (Session Plan) [PDF – 44 Pages]

PPE Part 1 – Eye Protection
Topic Seven: PPE Part 1 – Eye

PPE Part 2: Gloves & Gowns

Hand Hygiene
Topic Nine: Hand Hygiene

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Thank you!

Additional questions?
Email cdphe_covid_infection_prevention@state.co.us

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