

This plan has been reviewed by the State Council of Higher Education and has been found to be compliant in containing the required components of the ‘Higher Education Reopening Guidance,’ which was developed in consultation with the Virginia Department of Health.

I. INTRODUCTION

The safety of EVMS employees and students is our highest priority. The novel coronavirus (“COVID-19”) pandemic has elevated everyone’s safety concerns and the need for assurances that EVMS is taking reasonable steps to protect all members of the EVMS community.

On May 30, 2020, the CDC released an updated version of *Considerations for Institutions of Higher Education (IHE)*ⁱ. The majority of the considerations address common measures aimed at reducing the spread of COVID-19, such as handwashing, social distancing, and appropriate cleaning and disinfecting of shared spaces. CDC recommendations for IHE, non-residential, general settings are as follows:

- **Lowest Risk.** Faculty and students engage in virtual-only learning options, activities, and events.
- **Moderate Risk.** Small in-person classes, activities, and events. Individuals remain spaced at least 6-feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk.** Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials and/or supplies, and mix between classes and activities.

This EVMS campus return plan (the “EVMS Plan”) addresses the Moderate Risk and Highest Risk categories to include a gradual increase in face-to-face educational activities on the EVMS campus and the resumption of student participation in clinical education. The EVMS Plan was developed with broad input from the EVMS community and the Ramp-Up Task Force, as described below.ⁱⁱ

II. TASK FORCE

A ramp-up task force (“Task Force”), was created to develop, implement, and monitor plans for EVMS clinical, research, academic (students as well as residents/fellows) and administrative areas in accordance with CDC and other guidance. The Task Force is comprised of individuals who represent the functional areas of EVMS as well as clinical experts from the EVMS Academic Physicians and Surgeons Health Services Foundation (“EVMS Medical Group”) departments of Family Medicine and Internal Medicine/Division of Infectious Disease. Specific information about Task Force Membership is outlined in Appendix A.

III. TIMELINE

On March 14, 2020, Richard V. Homan, MD, President and Provost, Dean of the School of Medicine (“President Homan”), activated the EVMS Continuity of Operations Plan (“COOP”) in response to COVID-19. As a result, all didactic education was moved to online delivery, and clinical education was restricted. All EVMS events were canceled, and institutionally sponsored

travel was restricted. With the activation of the COOP, each department implemented its department-level continuity of operations plan for faculty and staff, which included remote work in accordance with EVMS Policy, and the “ramping down” of non-critical research and laboratory operations. Those with critical research activities were limited to three individuals per lab. While most patient care continued, elective procedures were canceled, and telehealth was implemented wherever possible.

Based on the subsequent work of the Task Force, EVMS began “ramping up” its activities as follows:

- Stage 1 – Resuming critical research activities and clinical operations on May 15, 2020;
- Stage 2 – Resuming remaining research activities, clinical rotations in the medical and health professions education programs, and some on-site administrative operations on June 15, 2020;
- Stage 3 – Delivering limited on-site instructional activities by August 5, 2020.

All activities are being ramped-up based on OSHA/CDC guidelines on PPE, social distancing, group size, and sanitation. Remote work will continue as necessary, and all individuals returning are subject to the Compliance Requirements outlined in Section IV below. Throughout this timeline, the Task Force has and will continue to monitor the efficacy and safety of EVMS operations and the evolution of the COVID-19 pandemic.

Prior to ramping up any activity faculty, staff, students and other members of the EVMS community will be required to undergo training on policies and procedures related to self-monitoring of health, proper utilization of PPE and social distancing, as well as identifying resources available through EVMS Human Resources, Occupational Health, and Student Health.

IV. EVMS COVID-19 PROTOCOLS

A. Social Distancing.

1. Remote work and virtual work meetings will continue to be encouraged until the COOP is deactivated. In-person activities will be subject to approval in accordance with Section V.
2. Classroom-based education will be delivered through a combination of remote and in-person activities. In person activities shall be delivered in accordance with Section V.
3. All individuals on campus should maintain a minimum of six feet distance while on campus, including hallways, break areas, restrooms, classrooms, lecture halls, and shared offices.
4. All EVMS sponsored events (on or off campus) are prohibited until such time as the COOP is deactivated unless social distancing in accordance with CDC or EVMS guidelines can be maintained, and the event plans are approved by the Task Force.

B. Masking & Hand Hygiene.

1. Universal masking is in effect, and masks must be worn in all common areas, including labs, shared offices, hallways, elevators, restrooms, classrooms, lecture halls, and building entryways. The EVMS/EMG Masking and Hand Hygiene Requirements currently in effect, are attached as Appendix B.

2. EVMS has purchased Cupron and fabric face masks for all employees and students. All units may request masks, cleaning supplies, and hand sanitizer.

3. Personal protective equipment such as respirators, goggles, and gloves shall continue to be worn in applicable clinical and other areas as determined by EVMS Medical Group and EVMS Environmental Health and Safety.

4. All employees and students will be trained on the requirement to wear a mask and how to put on and take off a mask in accordance with Section VI below.

5. Failure to comply with universal masking will result in disciplinary action up to, and including termination for employees, or indefinite suspension from the EVMS campus for non-employees and students.

6. Since masking is only effective when combined with proper donning and doffing techniques that incorporate strict hand hygiene, the protocol for masking includes hand washing/sanitizer requirements.

C. Health/Self-Monitoring. EVMS is not conducting universal testing of individuals for COVID-19 infections, antibodies, or antigens or conducting temperature screenings and is utilizing a symptom-based strategy for return to campus activities. All employees, students, collaborators, visitors, and vendors must answer a screening questionnaire before coming to campus, and all individuals coming to campus must self-monitor for illness daily. Employees or students who experience any symptoms (even if allergies or non-COVID related illnesses may cause them) must report same to EVMS Occupational Health or Student Health, as applicable, for follow up as outlined below.

D. Testing Strategy. EVMS is conducting drive through diagnostic testing for EVMS students and employees (and employee family members who are over the age of 18) who have symptoms consistent with COVID-19 or those without symptoms who have known or suspected exposure to a COVID-19 infected person. All testing decisions are made with EVMS Medical Group oversight. Testing criteria is updated as CDC and other guidance is updated.

E. Sanitation Practices. While transmission of COVID-19 through touch objects and surfaces is not fully known, CDC guidance considers cleaning followed by disinfection to be a best practice measure for prevention of COVID-19.ⁱⁱⁱ As such, EVMS has added additional cleaning protocols for high touch areas as outlined in EVMS Housekeeping Protocols by Mission – COVID19 attached as Appendix C.

F. Communication.

1. To ensure that the EVMS Community has the most up-to-date COVID-19 information, notice regarding updates are regularly issued via EVMS Marketing and Communications (MarComm) news blasts, updates on the EVMS COVID-19 website, and EVMS leadership conducts regular virtual Town Hall Meetings.

2. EVMS, Sentara Healthcare, Children’s Hospital of The King’s Daughters, and other community partners meet as necessary to share information about COVID-19.

3. EVMS has implemented a detailed [COVID-19 website](#) that contains information from Town Hall Meetings, Task Force guidance and advisories, training materials from mandatory training sessions outlined in Section VI, and health and wellness resources.

V. PROCESS FOR RESUMPTION OF ACTIVITIES

A. Employees.

1. All areas with employees returning to campus must ensure that social distancing can be maintained in campus spaces and that remote work or alternating schedules will continue in areas that cannot support social distancing fully. To that end, each area must provide a work plan that details how and when individuals will return to campus. Such plans are then approved by an appropriate Vice Dean or Vice President, and all individuals approved to return must complete the training as outlined in Section VI.

2. Individuals at high risk of illness may contact EVMS Human Resources to discuss options to mitigate exposure, including the possibility of remote work or use of any applicable and available leave.

B. Students.

1. *Didactic Education.* Classroom-based education will be delivered through a combination of remote and in-person activities. Courses with in-classroom requirements that cannot be taught virtually (such as gross anatomy lab activities) shall begin delivering limited on-site activities in accordance with the timeline established by the Task Force and shall stagger schedules and activities whenever feasible. All students returning to campus must complete the training as outlined in Section VI.

2. *Clinical Education.* Clinical education for future healthcare providers cannot be delivered virtually. Some education may be able to take place as a simulated activity through the Sentara Center for Simulation and Immersive Learning, however, such activity still requires face-to-face interaction. The bulk of clinical experience, however, will take place in hospitals or physician practices. All students returning to clinical activities, including those who may be on rotation to EVMS to complete clinical education requirements to meet their home institution

requirements, must complete the training as outlined in Section VI. EVMS students are notified that they are not required to return to clinical activities and have the option to delay returning by taking a leave of absence or continuing with electives that do not require clinical contact. They are further advised that any delay or discontinuation will result in a delay in program completion.

C. Collaborators. All collaborators (individuals who are collaborating with EVMS employed researchers, non-EVMS employed researchers who are affiliated with EVMS, those with contractual agreement for use of EVMS facilities and medical students or other volunteers assisting EVMS researchers with research projects) must be approved by the EVMS Office of Research to ensure that social distancing can be maintained on campus. All individuals approved to be on campus must complete the training as outlined in Section VI.

D. Visitors. Visitors are individuals who are not affiliated with EVMS (not an EVMS employee or student) and who have a legitimate business purpose to be in EVMS facilities and a need to be on campus for no more than five days. This includes applicants for employment or educational programs, vendors performing service or maintenance on EVMS equipment, vendors performing on-site technical services, sponsors conducting site visits, speakers and panelists, and other visitors whose business cannot be conducted remotely. Visitors must be notified of EVMS protocols for social distancing, masking and hand hygiene, and self-monitoring of health in advance of the visit. On the day of arrival, the visitor will meet EVMS personnel at a security checkpoint and complete a Health Certification form. The visitor will also be provided with a document that outlines the required protocols including wearing a mask at all times. Visitors with symptoms, those who refuse to sign the Health Certification, those who refuse to wear a mask and those who later develop symptoms of illness will not be admitted to campus.

E. Community Engaged Activities. Community engaged research and outreach activities are critical to the EVMS mission and vision. These activities include engagement related to research programs, interventional non-research programs, general community engagement and coalition building. Community engagement activities will occur remotely when possible. Those activities which must be undertaken in person shall follow the EVMS protocols for social distancing, masking and hand hygiene, and self-monitoring as well as any protocols of the organization or location. Further, all faculty and staff involved in such activities must complete the training as outlined in Section VI. Community-engaged research activities that are being conducted virtually must have Institutional Review Board approval to resume activities in-person.

VI. TRAINING

A. Online Training Course. Online training for employees, students and collaborators is being conducted through the EVMS Blackboard learning management system (“Blackboard”). Courses in Blackboard are customized for each group and contain the following steps:

1. *Step 1: Screening.* Employees, students and collaborators are required to complete a survey that asks about exposure to COVID-19 (self or through another), international travel, underlying health conditions, and symptoms. Affirmative responses for employees or students are evaluated by EVMS Occupational Health and EVMS Student Health to determine relation to

COVID-19 and what, if any, continued risk exists. Since collaborators are not EVMS employees or students, any affirmative response will result in non-admittance to the EVMS campus.

2. *Step 2: Training.* Employees, students and collaborators are required to complete training with evaluation that includes information on the Ramp-Up Plan for that group, requirements for social distancing, universal masking (including the masking policy, the difference between masks and PPE, how to put on and take off a mask, and mask washing), hand hygiene, and self-monitoring. In addition, training includes the WHO guide to preventing and addressing social stigma related to COVID-19.

3. *Step 3: Certification.*

a. Employees, students, and collaborators must certify that they have read and understood all training materials provided; that they must notify the appropriate EVMS personnel if they are ill, have symptoms, or if any screening answers (e.g., testing positive for COVID-19) should change; and that they have a duty to notify appropriate EVMS personnel if they become aware of others who are ill or are exhibiting symptoms.

b. In addition to the certification above, students involved in clinical activities that cannot be provided remotely or through simulation must also acknowledge the risks of participation in direct patient contact; that such participation is voluntary and the student may opt to delay return to clinical activities or discontinue clinical activities at any time; that any such delay may result in a delay in program completion/graduation; and that they will abide by all clinical education safety protocols, including those required by the clinical site.

4. *Step 4: Resume Activities Notice.* Once the screening has been cleared by the appropriate party and compliance with the training and certification is confirmed, the individual receives notice that they may resume on-campus activities in accordance with the schedule established by their supervisor, program or the Office of Research, as applicable.

B. Other Training or Information. Information regarding EVMS Protocols for social distancing, universal masking, hand hygiene, and self-monitoring of health, will be provided to all visitors and to organizers/participants of community engaged activities. In addition, information can be found on the EVMS COVID-19 website.

VII. SUPPORT ACTIVITIES

A. Wellness Webinars. The EVMS Wellness committee hosts weekly FOCUS (Finding Opportunity in Collegiality, Understanding, and Sensitivity) sessions to support faculty and staff in coping with stress, uncertainty, and emotional distress.

B. Employee Assistance Program. EVMS maintains an Employee Assistance Program (EAP) benefit through OptimaHealth. The EAP offers a COVID-19 Resource Center and provides focused and confidential counseling sessions to employees at no cost.

C. Student Health Clinic. Services for the EVMS Student Health Clinic are provided by EVMS Medical Group and are fully operational.

D. Student Mental Health.

1. *Counseling Services.* EVMS Student Mental Health offers evaluations, consultation, and short-term psychotherapy (i.e., counseling) to all full-time EVMS students and their spouses.

2. *Health Advocate Student Assistance Program.* Health Advocate is an additional benefit to students that provides all students with access to professional counselors 24-hours a day, 365-days a year.

VIII. CONTINGENCIES

A. Containment to Prevent Spread. Employees and students who have symptoms, test positive, are exposed to an individual who has tested positive or who travel internationally after completing a screening are contacted by EVMS Occupational Health or EVMS Student Health, as applicable, to determine if testing criteria are met and/or if quarantine is required. Upon the discovery of two or more linked cases on the EVMS Campus, EVMS/EVMS Medical Group will take appropriate contact tracing steps to determine which members of the EVMS campus have been affected and if a referral for testing is needed.

B. Health Department Reporting. Test results are reported to the Virginia Department of Health (VDH) by the ordering provider or his/her designee within 24 hours of receiving those results. Information provided to VDH will include: name of the person, date of birth, address, contact information, and the name of the lab used to conduct the testing, date when the test was collected and the date when results were reported. To facilitate contact investigation additional information will be shared with VDH: last date at work, date of the symptoms onset, facilities where the person with positive result worked at or attended starting 2 days prior to symptom onset. Note is created in the electronic health record of the person with positive result and placed in person's chart. Person is informed that he/she would be receiving a call from VDH as part of a contact investigation.

C. Reduction in Activities/Shutdown.

1. *Reduction in Activities.* EVMS and its community partners will continue to monitor COVID-19 in the local health care, education, and community setting and develop mitigation strategies accordingly. If the EVMS community is unable to adopt and sustain the established protocols to prevent the spread of COVID-19, if positive cases in the Hampton Roads community or on the EVMS campus should rise dramatically and become widespread, or if there is an insufficient supply of PPE/masks or other supplies essential to the EVMS masking or cleaning protocols, EVMS will begin reducing activities in accordance with the EVMS Continuity of Operations plan, public health guidance or Gubernatorial directives. Reduction in activities will include moving to remote education and remote operations with only essential research/personnel

on campus, as well as canceling any non-mission critical activities. Note that EVMS does not have residential students.

2. *Shutdown.* As an academic health center, EVMS does not foresee a complete shutdown of activities related to the provision of essential medical care. However, should the Task Force, in consultation with local and state public health officials, determine that in-person instruction or other services are no longer feasible, the Task Force shall make a recommendation for the shutdown of EVMS to President Homan. Criteria that will factor into the decision to shut down campus include widespread infection of students and employees that makes the delivery of remote education or remote operations ineffective or impossible; depletion of PPE necessary to protect first responders, essential researchers, or essential personnel who must be on campus; or other unforeseen factors that create a situation beyond EVMS' capacity to manage or respond to COVID-19.

3. *Communication.* Upon a determination that a reduction in activities or shutdown is imminent, EVMS will communicate such a decision to the EVMS community. Communications will be coordinated by MarComm through news blasts, posting to the EVMS COVID-19 website, social media, plasma TVs across campus, and other established communication protocols. EVMS also uses the Rave Alert emergency text messaging system to provide mass text notifications about campus status, including any shutdowns, to employees and students.

IX. UPDATES

The EVMS Campus Plan will be updated from time to time as necessary.

X. APPENDICES

- A.** EVMS Ramp-Up Task Force Membership
- B.** EVMS/EMMS Medical Group Masking and Hand Hygiene Requirements
- C.** EVMS Housekeeping Protocols by Mission-COVID19

ⁱ CDC Coronavirus Disease 2019 (COVID-19) [Considerations for Institutions of Higher Education](#): Updated May 30, 2020.

ⁱⁱ EVMS does not have an undergraduate campus and does not have residence or dining halls.

ⁱⁱⁱ CDC Coronavirus Disease 2019 (COVID-19) [Cleaning and Disinfection for Households](#).: Updated July 10, 2020.

Appendix A - Task Force Information

Charge: To develop and implement a plan to ramp-up EVMS' clinical, research, education and administrative operations in a manner consistent with guidance from the CDC and other appropriate entities concerning the safety of students, patients, faculty and staff.

Members: C. Donald Combs, PhD, Vice President & Dean, School of Health Professions (Chair); Margaret Baumgarten, MD, EVMS Family Medicine; Kurt Stauder, CEO EVMS Medical Group; Ron Flenner, MD, Vice Dean, Academic Affairs; Stacy Purcell, Vice President, General Counsel; William Wasilenko, PhD, Vice Dean, Research; Helen Heselius, Senior Associate Vice President of Finance; Mark Babashanian, Vice President, Administration & Finance; Matthew Schenk, Executive Director, Human Resources; Edward Oldfield, MD, EVMS Internal Medicine; Linda Archer, PhD, Vice Dean, EVMS GME.

Reporting: The task force reports to the President.

Management: The ramp-up will be overseen on a daily basis by the executives and department chairs who currently have managerial responsibility for clinical, research, education and administration operations.

**EVMS/EVMS MEDICAL GROUP
PPE/Masking and Hand Hygiene during COVID-19
Approved by EVMS AOHSC 5/13/20**

MASKING AND HAND HYGIENE REQUIREMENTS

The following requirements are in effect and shall continue until further notice.

1. Universal Masking (approved by EVMS Medical Group 5/11/2020). All employees will adhere to the CDC recommendation for universal masking and/or wearing cloth face coverings in all public settings. Masking protects your EVMS community, not just you. See <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>

- A. EVMS Medical Group implemented source control for everyone entering a healthcare facility (i.e. healthcare personnel, patients, visitors and vendors), regardless of symptoms on 4/29/2020. All patients, visitors, and vendors entering EVMS Medical Group facilities are asked to wear a face covering or a mask. Individuals without a face covering or a mask will be issued one at the building's entry point.
- B. EVMS employees who are required to wear a respirator or a surgical or medical face mask as outlined in the Respirator, Medical Masking, and Non-Medical Masking Guidelines below and/or the EVMS Respiratory Protection Plan must strictly adhere to the donning and doffing procedure as well as strictly adhere to the use and reuse procedures for different masks.
- C. Face coverings or cloth masks are not PPE, but are an administrative control as a safe work practice when used with other control like social distancing. As such, employees are required to use face coverings or masks while in common and shared areas like break rooms, lunchrooms, conference rooms or bathrooms. Masks may be removed for eating, provided that distance of 6 feet or more from another employee is maintained. Areas should be disinfected following eating.

2. Hand Hygiene (approved by EVMS Medical Group 5/1/2020). Meticulous hand hygiene is mandatory using Alcohol Based Hand Rubs in the clinical settings or hand washing procedure while in a non-clinical setting (see Hand Hygiene Guidelines).

**RESPIRATOR, MEDICAL MASKING, AND NON-MEDICAL MASKING
GUIDELINES**

I. Tight Fitting Respirators.

A. Filtering Face Piece Respirators (FFR)/N95 (approved by EVMS Medical Group 04/06/2020). FFR/N95 are tight-fitting masks that reduce exposure to particles and are evaluated, tested and approved by the National Institution for Occupational Safety and Health (NIOSH). FFR/N95s are considered PPE.*

1. *Recommended Use.* For providers, residents, and clinical staff (medical assistants and nursing staff) in accordance with the EVMS Respiratory Protection Plan. Use of an N95 respirator requires fit testing and may be reused (See guidelines for re-use).

2. *Reuse.* Reusing disposable filtering face piece respirators (FFRs) has been suggested as a contingency capacity strategy to conserve available supplies for healthcare environments during a pandemic by the CDC.

The pathogens on the filter materials of the FFRs may be transferred to the wearer upon contact with the FFR during activities such as adjusting the FFR, improper doffing of the FFR, or when performing a user-seal check when re-doffing a previously worn FFR. A study evaluating the persistence of SARS-CoV-2 (the virus that causes COVID-19) on plastic, stainless steel, and cardboard surfaces showed that the virus is able to survive for up to 72-hours [1]. One strategy to mitigate the contact transfer of pathogens from the FFR to the wearer during reuse is to issue five respirators to each healthcare worker who may care for patients with suspected or confirmed COVID-19. The healthcare worker will wear one respirator each day and store it in a breathable paper bag at the end of each shift. The order of FFR use should be repeated with a minimum of five days between each FFR use. This will result in each worker requiring a minimum of five FFRs, providing that they put on, take off, care for them, and store them properly each day.

Healthcare workers should treat the FFRs as though they are still contaminated and follow the precautions outlined in our reuse recommendations. If supplies are even more constrained and five respirators are not available for each worker who needs them, FFR decontamination may be necessary. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

B. Procedure for Donning FFR/N95 (see also How to Put On (Don) Daily PPE in the Outpatient Setting):

1. Perform hand hygiene (wash hands or use alcohol based sanitizer).
2. Put on a pair of clean exam gloves.
3. Remove your previously used N95 mask from your labeled paper bag by only touching the straps or the outermost rim of the N95 mask.
4. Inspect N95 to determine that it is intact (check components – straps, nose bridge, nose foam material).
5. Care should be taken not to handle the front or insides of the N95 mask.
6. If contact occurs, place N95 mask on top of bag, remove gloves, perform hand hygiene and put on new pair of gloves.
7. Place N95 mask on face by only touching the straps and the outermost rim of the N95 mask.
8. Perform seal check by only by touching outermost rim of N95 mask.
9. Throw the paper bag away-do not reuse paper bag.
10. Remove gloves and perform hand hygiene.

11. If necessary put on clean exam gloves.

C. Procedure for Doffing and Storage of N95 Mask:

1. Remove all isolation PPE except the N95 mask.
2. Exit the patient room with N95 mask on (if use in exam room), otherwise can be worn for up to 8 hours.
3. Perform hand hygiene and put on clean exam gloves.
4. Obtain new/clean paper bag.
5. Label with user's name and date.
6. Open bag for ease of N95 mask placement.
7. Remove the N95 mask by only touching the straps or the outermost rim of the N95 mask.
8. Place N95 mask in the labeled paper bag, handling only the straps or the outermost rim of the N95 mask.
9. Remove gloves.
10. Perform hand hygiene.
11. Close bag by folding over itself two times.
12. Take care to not fold, bend or crush the N95 mask inside the bag.
13. Perform hand hygiene.

The N95 is good for 5 uses as long as not contaminated with blood, respiratory/nasal secretions, or other body fluids – don on, don off = 1 use.

II. Loose-Fitting Medical Masks.

Loose-fitting medical masks do not prevent leakage around the edge of the mask, but may provide fluid resistance as outlined below. Loose-fitting medical masks are considered PPE.*

A. Medical face mask (procedure mask) (approved by EVMS Medical Group on 04/06/2020). A medical face mask or procedure mask, is a mask, with or without a face shield that covers the user's nose and mouth and may or may not meet fluid barrier or filtration efficiency as outlined by the mask manufacturer.

1. *Recommended Use.*
 - i. Procedure masks should be provided to symptomatic patients at the point of check in (lobby screening) if not already masked (source control).
 - ii. Healthcare workers working with patients will wear procedure masks and can wear for extended use (1 shift) without removing the facemask between patient encounters.

2. *Reuse.* Procedure masks should be removed and discarded daily or if soiled, damaged, or hard to breathe through. Healthcare worker should take care not to touch their mask and if they touch or adjust the mask, they must immediately perform hand hygiene. Healthcare worker should leave patient areas if they need to remove the procedure mask.

B. Surgical Mask. A surgical mask is a mask that covers the user's nose and mouth and provides a physical barrier to fluids and particulate materials. Surgical masks meet certain fluid barrier protection standards and Class I or Class II flammability tests.

1. *Recommended Use.*

i. Reserved for providers who are performing procedures where splashes and sprays are anticipated. See (FDA: <https://www.fda.gov/media/136449/download>) (CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>)

ii. Surgical masks can be worn for extended use (1 shift) without removing the facemask between patient encounters.

2. *Reuse.* Surgical masks should be removed and discarded daily, or if soiled, damaged, or hard to breathe through. Healthcare workers should take care not to touch their surgical mask and if they touch or adjust the mask, they must immediately perform hand hygiene. Healthcare worker should leave patient areas if they need to remove the mask.

B. Halyard masks (approved by EVMS Medical Group on 4/22/2020). Halyard masks are made out of two layers of medical grade fabric (Halyard H600). The material is thought to be superior to the common surgical mask in its ability to block aerosols and droplets, including water, bacteria and other particles. EVMS does not provide fit testing for this type of mask.

1. *Recommended Use:* Clinical personnel to be used at all times while in the facility. It can be used in place of a procedure mask (approved by EVMS Medical Group 04/06/2020), but is not a replacement for an N95.

2. *Reuse:* Mask may be reused after proper autoclave procedure. Your name should be written on one of the mask straps for an easy identification.

3. *Autoclave Procedure:* Follow regular autoclave procedure for mask disinfection.

III. Loose-Fitting Non-Medical Masks.

Loose-fitting non-medical masks do not prevent leakage around the edge of the mask and do not provide fluid resistance as outlined below. Loose-fitting non-medical masks are not PPE.*

C. CUPRON masks (approved by EVMS Medical Group 4/22/2020). CUPRON masks use CUPRON material in which copper is physically and permanently embedded in the fibers and its antimicrobial and antiviral activity lasts for the life of the linens. CUPRON masks are not PPE and are not intended for particulate filtration, for use in a surgical setting, or where significant exposure to liquid, bodily or other hazardous fluids may be expected, nor should it be used in a clinical setting where the infection risk level through inhalation exposure is high, in the

presence of a high intensity heat source or flammable gas, or in high risk aerosol generating procedures.

1. *Recommended Use:* Non-clinical staff at all times when in the facility. It does not replace a procedure mask.

2. *Reuse:* Mask has to be changed daily. Same mask could be reused after proper washing.

3. *CUPRON mask washing instructions:*

i. Masks can be laundered at home using hot water and regular home detergent, or by your commercial laundry service provider in open pocket washer/extractors. Do not launder in commercial tunnel washers.

ii. Wash prior to first use and daily thereafter, or between users, whichever comes first.

iii. Do not use any fabric softeners when washing or drying (e.g. dryer sheets).

iv. Do not use chlorine bleach as it may degrade the elastic bands over time.

v. Dry on medium heat only.

D. General Cloth masks (approved by EVMS Medical Group on 4/23/2020). Cloth masks (cloth face coverings) may be sold by non-medical manufacturers (e.g. Amazon, clothing designers, etc.) or fashioned from household items or made at home from common materials at low cost can be used as an additional public health measure. Cloth masks do not provide barrier protection against splashes, sprays, and larger respiratory droplets reaching your nose and mouth. Cloth masks are not PPE and do not replace medical face masks, surgical masks or FFR/N95s.

1. *Recommended Use:* CDC is advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth masks along with other measures such as social distancing are an administrative control and are to be used in work and public settings and common spaces. Cloth masks are not to be used in the clinical setting. In addition, cloth masks should not be used by anyone who had difficulty breathing.

2. *Reuse:* Mask may be reused after washing.

3. *Washing instructions:* Launder your mask daily. Use the warmest appropriate water setting and dry items completely.

2. Face shields and protective eye wear policy (approved by EVMS Medical Group 4/23/2020).

A. Face Shields.

1. *Types:* There are several types of face shields available: commercial types and made by the EVMS students (a hard plastic and a soft plastic face shields).

2. *Materials:* Materials that formed the EVMS face shields include the following:

Hard plastic shield:

- PETG clear plastic 0.04 inch thickness
- Extreme hold, heavy duty 3M Duct tape
- Super / spray Glue
- 2-inch elastic band
- Industrial staples

Soft plastic shield:

- Impact – ProClick Pre-punched binding covers
- Super / spray Glue
- 1-inch elastic band
- Industrial staples

3. *Recommended Use:* Clinical personnel while providing care.

4. *Reuse:* Face shields are intended for multiple uses by the same user. These face shields are not intended for use in the presence of high intensity heat source or flammable gas. The face shield does not confer protection from bacterial or viral infections without the additional use of a certified N95 – N99 respirator face mask.

5. *Cleaning Instructions:* We recommend that the face shield be wiped down with alcohol-based solution (70 % or greater) or with Clorox or Lysol wipes immediately after use. Use protective gloves when removing face shields and during cleaning.

B. Protective eye wear.

1. *Type:* Safety glasses or goggles. Note that corrective lenses (glasses) are not considered to be protective eye wear.

2. *Recommended use:* By a clinical personnel while providing care.

3. *Reuse.* The eye wear is intended for multiple uses by the same user.

4. *Cleaning:* Can be cleaned using alcohol wipes or washed with soap and water.

* Personal Protective Equipment (PPE) is equipment worn to minimize exposure to hazards that cannot easily be controlled through the use of other workplace hazard controls such as engineering controls and administrative controls. PPE must meet certain standards and are used in addition to other workplace hazard controls such as engineering controls and administrative controls.

Procedure: How to Put On (Don) Daily PPE in the Outpatient Setting (universal recommendation) (approved by EVMS Medical Group 4/29/2020)

*Please follow donning and doffing procedure for PPE when seeing COVID positive or COVID suspected patients.

How to Put On (Don) PPE Gear

1. Identify and gather the proper PPE to don (face mask/N 95 respirator and eye wear if applicable).
2. Perform hand hygiene using hand sanitizer.
3. Put on N95 filtering face piece respirator or facemask as follows:
 - A. *Respirator:*
 - i. 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.
 - ii. 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.
 - iii. The respirator should be extended under chin. Both your mouth and nose should be protected.
 - B. *Facemask:*
 - i. Facemask 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.
 - ii. If the facemask 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.
 - iii. The facemask should be extended under chin. Both your mouth and nose should be protected.
4. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
5. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
6. Healthcare personnel may now enter patient room.

How to Take Off (Doff) PPE 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. Healthcare personnel may now exit patient room.
3. Perform hand hygiene.
4. 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.
5. Remove and place respirator in a brown bag (or facemask if used instead of respirator). Face masks and respirator are recommended for a daily use. See N95 reuse policy and face mask policy for details. Do not touch the front of the respirator or facemask.*

6. 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.
7. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
8. Do not wear respirator/facemask under your chin or store in a pocket between patients.*
9. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.*

Hand Hygiene Guidelines

Hand hygiene is an important part of the response to the emergence of COVID-19. Practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role. Hand washing mechanically removes pathogens, and laboratory data demonstrate that ABHR formulations containing 80% ethanol or 75% isopropanol, both of which are in the range of alcohol concentrations recommended by CDC, inactivate SARS-CoV-2.

Hand Washing and ABHR Methods:

1. Hand washing is preferred method of hand hygiene in all settings except when providing direct patient care.
2. Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom.
3. The CDC recommends using ABHR with greater than 60% ethanol or 70% isopropanol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance with ABHR compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink.
4. Perform hand hygiene using hand sanitizer prior to putting on and removing facemasks or N95 respirator AND after removing facemask or N 95 respirator

EVMS HOUSEKEEPING PROTOCOLS BY MISSION – COVID19

GENERAL:

- 1) Housekeeping has added 6 day porters and reassigned 3 event techs to day shift for high touch area disinfecting during the COVID19 pandemic.
- 2) Two (2) of these additional porters are assigned to Hofheimer Hall, one (1) additional porter each assigned to Andrews Hall, Williams Hall, Lewis Hall, Lester Hall, Brickell Library, Jones Institute and Smith Rogers Hall.
- 3) These porters will cycle through each building top to bottom and over again throughout the day disinfecting high touch items in common areas.
- 4) Housekeepers will receive sustainment training as well as any updated training as suggested by the CDC, Olympus Building Services, and the EVMS Medical Group.
- 5) Housekeepers will use a fresh solution of disinfectant daily in their spray bottles and mop buckets.
- 6) Housekeepers will wear disposable gloves and masks when performing their work. Other Personal Protective Equipment (PPE) as applicable.
- 7) Housekeepers will report any torn or damaged PPE immediately to Supervisor.
- 8) Fresh cleaning cloths and mop cloths will be dispensed daily.
- 9) If surfaces are dirty, clean dirt away before using disinfectant.
- 10) Wipe high touch items in private areas (offices, private conference rooms, kitchenettes, rooms contained within a departmental suite) and building public areas (all restrooms, building lobbies, public corridors, reception areas, elevators, stairwells, exposed table tops) with disinfectant:
 - a) light switches
 - b) interior & exterior door handles
 - c) telephones
 - d) exposed table & desk tops
 - e) elevator call buttons(interior & exterior) and handrails
 - f) stairwell door handles & handrail
- 11) Housekeeping will continue to clean and disinfect all restrooms. High touch restroom items to be included; toilet flush handles, sink faucet handles, doorknobs, light switches, product dispensers.
- 12) Housekeeping will not touch office, lab or clinical equipment such as computers, monitors, keyboards, calculators, lab equipment or clinical equipment.
- 13) Dispose of PPE in biohazard trash.
- 14) Housekeeping will not touch biohazard trash.
- 15) Wash hands thoroughly with warm water & soap for twenty (20) seconds.
- 16) Current disinfectant: TB-Cide Quat by Spartan Chemical.

CLINICAL:

- 1) MG clinical staff will screen patients at the main entrances of Andrews Hall, Hofheimer Hall and Williams Hall. If the patient displays flu like symptoms, they will be placed in a mask and sent to their appointment.
- 2) Further COVID19 clinical screening will be performed in the exam room by provider. Provider will review whether the patient is displaying dry cough, fever, shortness of breath, or has traveled outside the US.
- 3) If suspected COVID19 exposure, the clinical staff will disinfect the exam room surfaces after patient discharge.
- 4) Clinical staff will mark the exam room door with a note displaying "C" to notify Housekeeping of the suspected COVID19 exposure.
- 5) Clinical staff will contact a Housekeeping Manager by both phone & email and provide the information that a suspected case of COVID19 was seen in Building/Floor/Suite #/Exam room.
Tia Jones: 757-528-3917
Mark Wilson: 757-300-6558
Housekeeping@EVMS.EDU.
- 6) Housekeeping will suit up in Personal Protective Equipment (PPE); disposable gloves, mask & disposable gown.
- 7) Housekeeping will enter the exam room and perform a second disinfecting of the room.
- 8) Dispense a fresh solution of disinfectant into spray bottle and mop bucket.
- 9) Wipe high touch items in clinical areas with disinfectant (offices, clinic exam rooms, private conference rooms, kitchenettes, rooms contained within a clinical department suite). High touch items includes door handles (exterior and interior), telephones, light switches, and sink faucet handles.
- 10) Apply disposable gloves before entering exam rooms and clinical restrooms. Other Personal Protective Equipment (PPE) as applicable.
- 11) Report any torn or damaged PPE immediately to Supervisor.
- 12) Use only those housekeeping supplies (bucket, mop wringer, mop handle & mop) designated for clinic exam rooms. Fresh cleaning cloths and mop cloths dispensed daily.
- 13) If surfaces are dirty, clean dirt away before using disinfectant.
- 14) Using disinfectant, spray horizontal surfaces
 - a) counter tops
 - b) sinks
 - c) faucets and faucet handles
 - d) Exam beds (if exposed – no paper drape) and foot rests.
- 15) Spray vertical surfaces: cabinet faces.
- 16) Set timer to disinfectant kill time – two (2) minutes.
- 17) Wipe down wet surfaces after time has elapsed.
- 18) Wet mop floor. Leave floor to air dry.
- 19) Housekeeping will continue to clean and disinfect clinic restrooms. High touch restroom items to be included; toilet flush handles, sink faucet handles, doorknobs, light switches, product dispensers.
- 20) Dispose of disinfectant solution in bucket. Refill bucket with disinfectant solution to clean the bucket.

- 21) Set timer to disinfectant kill time – two (2) minutes. Pour out disinfectant in bucket after time has elapsed.
- 22) Dispose of gloves in biohazard trash.
- 23) Dispose of regular trash. Biohazard trash will not be touched.
- 24) All PPE will be disposed of in the exam room biohazard trash container after disinfecting and before the housekeeper leaves the exam room.
- 25) Wash hands thoroughly with warm water and soap for twenty (20) seconds.

RESEARCH and CLINICAL RESEARCH:

Labs, break areas, restrooms and office research spaces in Lewis Hall 2nd and 3rd floors, Jones Institute 3rd floor, Jones Institute and Lewis Hall 4th floor vivarium entry door handles, Lester Hall, Williams Hall Pediatric Community Health, and HADSI.

- 1) High touch surfaces to be cleaned twice daily, early morning and after 5:00 p.m.
- 2) Wipe high touch private research and clinical research areas (offices, private conference rooms, kitchenettes, rooms contained within a clinical department suite). High touch includes door handles (exterior and interior), telephones, sink faucet handles, refrigerator handles, door handles to freezer rooms and handles on the freezers in these area.
- 3) Housekeeping will continue to clean and disinfect research & clinical research restrooms. High touch restroom items to be included; toilet flush handles, sink faucet handles, doorknobs, light switches, product dispensers.

EDUCATION:

Classrooms, conference rooms, auditoriums, Brickell Library study carrels, study rooms and computer rooms.

- 1) Areas to be cleaned daily to include disinfecting of high touch items; door handles, light switches, telephones, any exposed table and desktops.
- 2) Housekeeping will continue to clean and disinfect educational area restrooms. High touch restroom items to be included; toilet flush handles, sink faucet handles, doorknobs, light switches, product dispensers.
- 3) Wipe high touch education areas (offices, private conference rooms, kitchenettes, rooms contained within a clinical department suite). High touch includes door handles (exterior and interior), telephones, sink faucet handles, refrigerator handles, door handles to freezer rooms and handles on the freezers in these area.
- 4) Housekeeping management will review classroom schedules daily to determine classroom availability.
- 5) Housekeeping can only enter classrooms between classes during business hours. If no time scheduled between classes, Housekeeping will disinfect high touch items in these rooms once per day.

ADMINISTRATION:

Private Areas (offices, private conference rooms, kitchenettes, rooms contained within a departmental suite)

Building Common Areas (all restrooms, building lobbies, public corridors, reception areas, elevators, stairwell door handles & handrails, exposed tabletops)

- 1) Areas to be cleaned daily to include disinfecting of high touch office areas; door handles, light switches, telephones, exposed table tops, exposed desk tops, all restrooms, toilet flush handles, sink faucet handles, building lobbies, public corridors, reception areas, elevator call buttons (interior & exterior), elevator hand rails, stairwell door handles & handrails.
- 2) Housekeeping will continue to clean and disinfect administrative area restrooms. High touch restroom items to be included; toilet flush handles, sink faucet handles, doorknobs, light switches, product dispensers.