

May 21, 2021

Overview:

Administrative staff returning to work

This document is specific to administrative staff returning to facilities following the COVID-19 Work-At-Home period. Please refer to COVID-19 Policy and Procedures IC-C6043 for the complete policy.

Administrative telecommuting extended to September 12

Administrative staff at Burien and Haviland locations will continue to telecommute through September 12, 2021 with a few new or adjusted practices.

We will continue to monitor our reopening approach based on COVID-19 cases in the community and guidelines from Public Health – Seattle & King County and the Centers for Disease Control and Prevention (CDC).

Protocol for working in administrative offices

When staff members return to work in person at a facility, all staff members must be screened for symptoms or signs of COVID-19 (Appendix A). Upon entering the facility, each staff member will self-screen and attest to their own symptoms and temperature (Appendix B). After successfully passing the screening, staff members will wear a sticker noting their temperature for that day.

Any employee who screens positive for symptoms will not be allowed work in the facility. These staff members should follow the algorithm for employees returning to work (Appendix C). Any employee who has been exposed to someone with COVID-19 will be assessed and the Exposure Response Protocol will be followed (Appendix D).

Northwest Kidney Centers (NKC) in accordance with CDC and Washington State Guidelines has adopted universal masking (Appendix E).

All employees will follow the hand hygiene protocol (Appendix F).



Self-screening Stations

Burien Pavilion stations:

- 2nd floor at top of stairs

Haviland Pavilion stations:

- 2nd and 4th floor entrances from parking garage.

Left, a self-screening station at Burien Pavilion.

Guidelines for Administrative Staff Returning to Office Areas:

- All employees will maintain six (6) feet of distance at all times.
- Masks will be worn when in common areas.
- Break rooms will only be allowed one staff person at a time to eat.
- In open eating areas signs will designate six (6) feet of distance.
- Masks do not have to be worn while working alone at your desk as long as you maintain six (6) feet of distance from others.
- Conference Rooms may not have more than 50% of occupancy at any time in accordance with Phase 3 of Washington State's Department of Health.
- Conference room capacity will be identified by signage WHEN they are opened for multiple person meetings.
- All areas will be wiped down with available cleaning wipes after each use. This includes door handles, phones, computer keyboards etc.

Supporting Documents

Appendix A - Employee COVID-19 Screening

Appendix B - Self-screening Log Sheet

Appendix C - Symptomatic Employees Returning to work

Appendix D - Staff Member Exposure Response Protocol

Appendix E - Mask Use Guidelines and FAQ

Appendix F - Hand hygiene/Hand Health policy

APPENDIX A: Employee COVID-19 Screening

When you get to work, complete the self-screening

1. Go through ***all 8*** COVID-19 Screening Questions.
2. Independently log yourself *in*, noting your temperature.
3. Verify you have read statement on back of log, initial and and place sticker on your person.

SYMPTOMS Checklist

1. New cough
2. Fever
3. Sore throat
4. New shortness of breath
5. Loss of taste and/or smell
6. GI Tract Issues
7. Lives with someone who has been tested COVID-19 positive or is pending a test
8. Employee has a pending test

Is temperature in normal range?
Passed all screening questions?

NO

Employee must
notify manager,
leave work and
COVID testing is
recommended

YES

Employee will
sign log with
temperature
included and fill
out a screening
sticker to wear
for the day

Email COVID.Tracking@nwkidney.org
subject line: indicate EMPLOYEE QUESTION

Appendix B: Self-screening Log Sheet



Dear Northwest Kidney Center Staff Member:

By initialing the screening log sheet, you hereby attest to the truthfulness of your having no signs/symptoms of COVID-19. If you have any signs/symptoms, contact your manager right away as you **cannot** work.

[illegible]

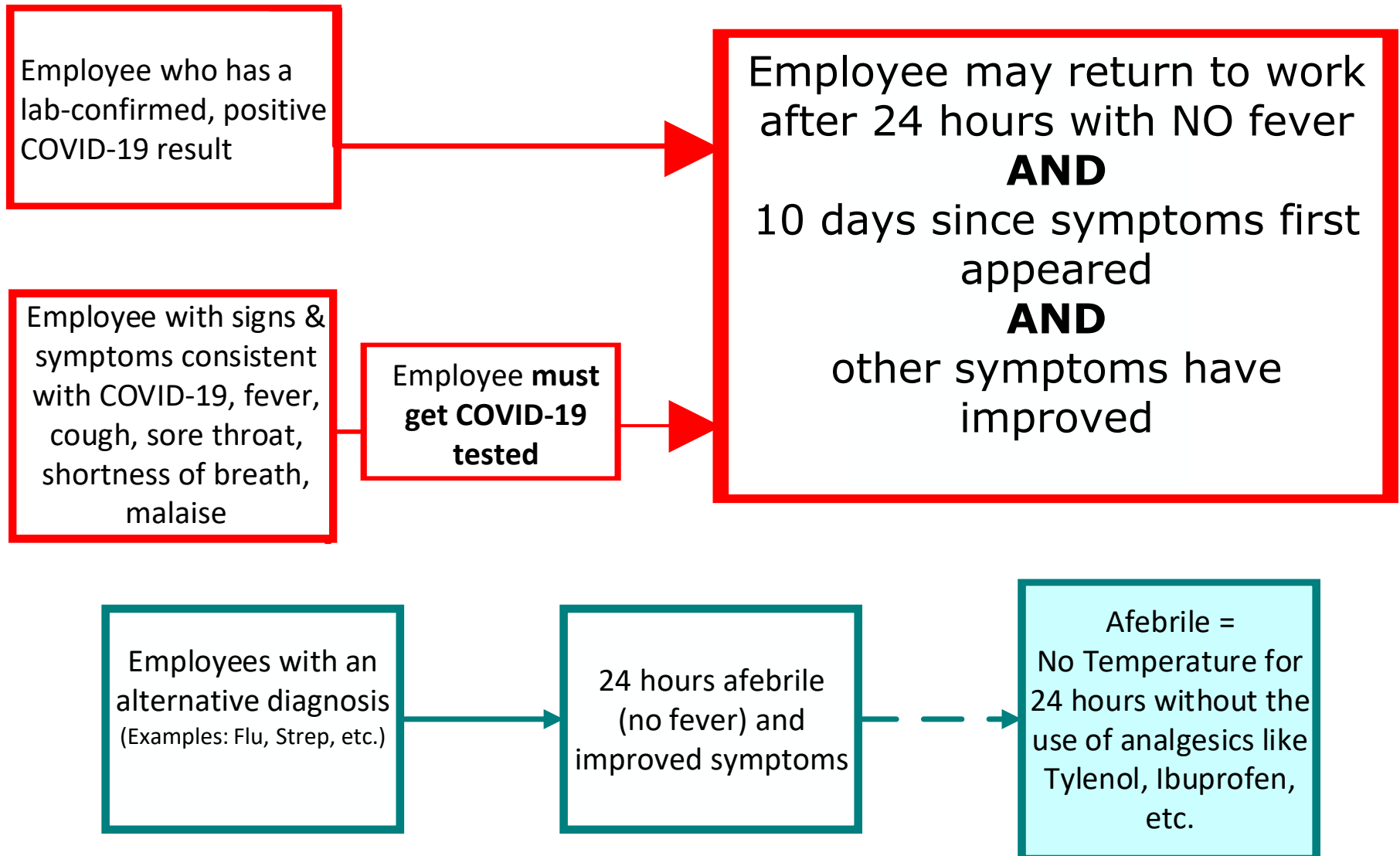
Self-screening Log Sheet - back page

If you have any of these signs or symptoms, contact your manager right away as you **cannot** work.

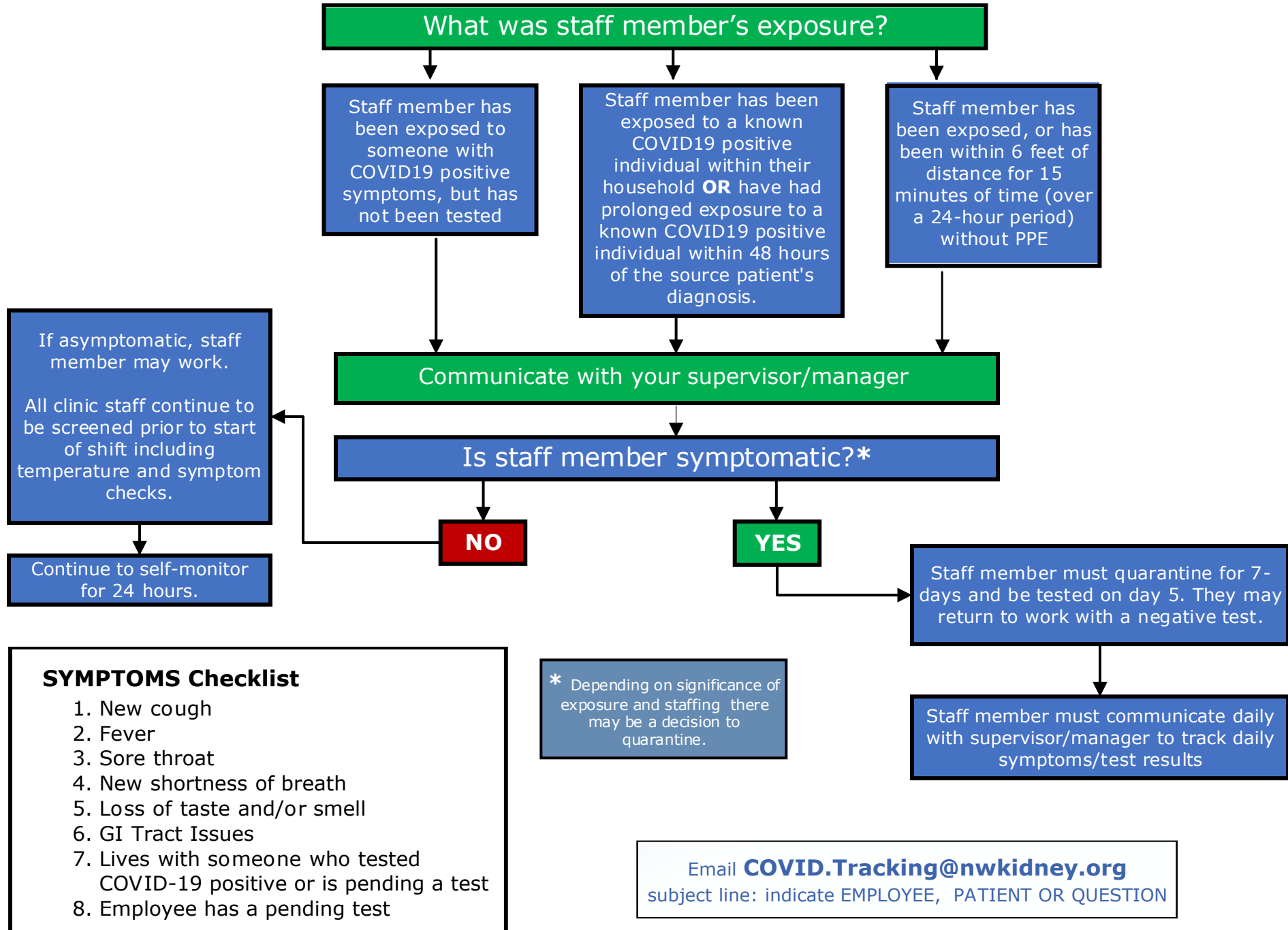
Signs/Symptoms May Include:

- ✓ New cough
- ✓ Fever
- ✓ Sore throat
- ✓ New shortness of breath
- ✓ Loss of taste and/or smell
- ✓ GI tract issues
- ✓ Lives with someone who tested COVID-19 positive or is pending a test
- ✓ Employee has a pending test

Appendix C: Symptomatic Employees Returning to Work



Appendix D: Staff Member Exposure Response Protocol



Appendix E:

Mask Use Guidelines for All Staff

The safety of every Northwest Kidney Centers patient, staff member and provider is our top priority. As the COVID-19 pandemic continues to evolve and new information becomes available, we have carefully considered optimal strategies to ensure patient and staff safety while anticipating short- and long-term needs. We have heard your concerns and want you to feel safe and confident as you continue to respond to the pandemic.

On April 16 NKC updated its extended mask use policy to align with the CDC guidelines which includes the recommendation that all Health Care Workers (HCW) in the clinical environment wear a mask at all times. The CDC recommends that patients and family members mask as well, but permits use of cloth masks to preserve medical grade masks for HCW. This recommendation extends to persons working in non-clinical areas when they cannot maintain 6-feet of distance from others. The Governor of Washington put into effect mandatory masking for all Washingtonians beginning June 26. This order aligns with the NKC policy for healthcare workers we initiated at the end of April.

Staff outside the clinic must maintain 6-feet of distance from each other. If staff are unable to maintain that distance, then it is the recommendation that they wear a cloth face covering. A cloth mask may be a personal mask, bandana, sewn mask or a medical grade mask that can be provided for the day.

The effectiveness of our extended use mask program relies on proper mask donning, doffing and handling. The mask must be pulled below the chin and pinched across the nose. (NKC Video Demonstration)

Please remember that masking is one of several components of NKC's Infection Prevention and Control Bundle. It is critically important that any staff member with symptoms of acute respiratory infection (such as fever, new cough, new shortness of breath, sore throat, body aches, loss of taste or smell) cannot be permitted to work on any NKC premises.

Frequently Asked Questions

Where can I get a mask?

For non-clinical staff, cloth face coverings (sewn mask or bandana) are available from the Unit Coordinator at each clinic.

When can I wear a cloth face covering or my own face mask?

NKC follows Washington State Guidelines and mandates that all staff wear a cloth face covering or self-purchased mask when outside of work and at home. Masking is required when in a closed spaces, when walking through office areas and at your desk if the walls are not above the level of your face, or if you cannot maintain six (6) feet of distance from others. You can continue to wear this same face cover or mask if you work in a building with no clinical activity. If you have any questions, please contact your manager or director. Remember to wash your personal cloth face covering often. If you go through a building with clinical activities, you will need to transition to a medical grade mask.

How do I transition to and from one type of mask to another?

You should move to at least six (6) feet from another person, wash your hands and remove your mask or face cover. If possible, store the mask in a clean container such as a brown paper bag and store in a safe space. If it is not possible to store your disposable medical mask, obtain a new one.

Why is NKC recommending staff wear a face mask and not an N-95 respirator?

COVID-19 is transmitted primarily through respiratory droplets. A face mask provides protection by containing these droplets if someone has the virus and by preventing exposure to the virus if someone has close contact with another person who is infected. N-95 respirators are used by healthcare personnel caring for patients in airborne precautions. As a reminder, eye protection is required in addition to the mask when caring for a symptomatic or known COVID-19 positive patient. Eye protection can be a visor with a simple medical mask or the medical mask with the eye shield attached. An N95 respirator is not required to prevent droplet transmission during routine care.

-- FAQ continues on next page--

What are the mask use expectations of staff in non-clinical areas?

Non-clinical areas of a dialysis facility (break room, conference room, supply room, water room, IDT desks, etc.)

- Workers in private individual offices or in non-clinical settings where individuals can maintain six (6) feet of distance do not need to wear a mask in those settings. When walking through common areas in buildings where care is delivered, the mask usage policy applies.
- If you work at a desk or cubicle within six (6) feet of another person, mask use is mandatory.

Mask expectation for non-clinical areas of a building that also house a dialysis unit (Burien Pavilion, Haviland Pavilion, SeaTac Pavilion) including break rooms, flex offices, conference rooms include:

- Use of a cloth face covering is mandatory in areas where it is not possible to maintain at least six (6) feet of distance from others
- Employees should practice principles of physical distancing, limiting the number of people in break rooms and staggering break times.
- Break rooms are limited to *one employee* eating at a time
- Common areas will have identified markers to help maintain six (6) feet of distance.
- All staff should follow respiratory etiquette (cover your cough/sneeze) and practice frequent hand hygiene.

APPENDIX F

(Infection Control)/(Hand Hygiene)

Hand Hygiene / Hand Health

Purpose:

- To provide for the safety and protection of patients, health care personnel (HCP) and visitors
- To prevent health care associated infections
- To provide a standard process for Hand Hygiene and Hand Health

Definitions:

- A. Hand Hygiene is a general term applied to either hand washing or antiseptic hand rub.
- B. Hand Washing is defined as washing hands with soap and water for 20 seconds.
- C. Antiseptic Hand Rub is an alcohol-containing preparation; 60-95% ethanol or isopropanol designed for application to hands to reduce the number of microorganisms.
- D. Artificial Nails are defined as any non-natural nail that remains in place for an extended period and cannot be removed with a few swipes of acetone-based nail polish remover. Examples include but are not limited to:
 - Acrylics
 - Silk wraps
 - Overlays
 - Tips
 - Gels/Gel nail polish
 - bonds
- E. All HCP providing direct patient care are prohibited from wearing artificial nails
- F. Natural nails shall be no longer than ¼ inch from the end of the nailbed.
- G. Nail polish worn is to be chip free.
- H. Nail jewelry may not be worn.

Policy:

- A. All HCP will adhere to recommended hand hygiene practices.
- B. Hand Hygiene for all HCP is to be performed regularly
 - Upon entering and exiting clinic patient care area.
 - Before and after individual patient contact, including contact with blood/body fluids and intact skin.
 - Before inserting an invasive device.
 - Before donning and after removing gloves.
 - When moving from a dirty to clean site on the same patient.
 - After using the bathroom.
 - When hands are visibly soiled.
 - After sneezing, coughing, blowing or wiping the nose or mouth.
 - After handling equipment or touching surfaces that could be contaminated (surfaces in patient zone).
 - Before or after eating.
- C. In the absence of visible soil, the use of an alcohol-based hand rub is preferred over hand washing with soap and water due to its superior effectiveness in removal of bacteria from hands.
- D. Infection Prevention and Control will assist in identifying the appropriate areas for placement of hand hygiene dispensers.
- E. An approved chlorhexidine gluconate compatible hand lotion will be available and is the only lotion that may be used.
- F. HCP will not be allowed to give direct patient care if a cast, brace, appliance etc. or weeping dermatitis is present on hand or wrist.
- G. All visitors to care areas should be educated on the importance of hand hygiene while in the clinical environment.
- H. Hand Hygiene with soap and water is always required for visible soil, after using bathroom, before eating and if there is a gritty feeling of sanitizer build-up on hands.
- I. Hand Hygiene sinks are for HH only and are available in every clinic. Signage states use.

Method for Hand Washing

1. Turn on water.
2. Completely wet hands with water.
3. Scrub all surfaces of hands including between fingers and tips for 20 seconds.
4. Rinse hands under running water with little splashing.

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5. Dry hands with paper towel, discard.
6. Use another towel to turn off water.

Method for Hand Hygiene with alcohol hand rub

1. Dispense an appropriate amount of product onto hand.
2. Cover all surfaces of hands, including webs of fingers and tips of fingers.
3. Rub vigorously until product dry on all surfaces.
4. Friction and alcohol are what kills organisms; **do not wipe hands to dry.**

Patient Hand Hygiene

1. HCP are accountable for ensuring that patients have completed Hand Hygiene upon entering unit, if self-cannulating and/or holding puncture sites.
2. HCP will provide education regarding the importance of Hand Hygiene when using bathroom or eating.
3. HCP will ask patients to wash access site prior to treatment and will assist patient if needed.

Clinic Hand Hygiene Awareness/Competency

1. Clinic Managers will provide feedback to their staff related to Hand Hygiene performance.
2. Clinic Managers will assure staff compliance with Hand Hygiene in care of each patient.

Hand Health Process

1. If symptoms outside of those expected with frequent Hand Hygiene occur, such as cracking, rash, swelling or redness, make an appointment with Manager and complete an SAS immediately upon recognizing issue.
2. Manager will provide evaluation and complete Hand/Skin Issues Assessment.
3. Hand Health/Care for Healthy Hands information will be provided.
4. If improvement in practice, such as appropriate amount of product, rubbing until completely dry and care of hands does not improve situation, employee will be asked to see personal provider for documentation of allergy necessitating the use of an alternate hand product.