



Clinical Simulation Center Las Vegas (CSCLV)

Infection Prevention & Control Guideline: Preventing COVID-19 Infection in an Academic Simulation Center

I. Goal

To implement the key components of OSHA's *Guidance on Preparing Workplaces for COVID-19* at CSCLV including:

- Reducing employee and student risk of exposure to SARS-CoV-2,
- Developing an infectious disease preparedness and response plan, and
- Preparing to implement basic infection prevention measures.

II. OSHA Definitions

A. Coronavirus Disease 2019: a respiratory disease caused by the SARS-CoV-2 virus.

B. OSHA COVID-19 Planning Guidance: based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so.

C. Infectious Disease Preparedness and Response Plan: a plan that can help guide protective actions against COVID-19 and address other steps that employers can take to reduce the risk of worker exposure to SARS-CoV-2 in their workplace.

D. Symptoms of COVID-19: Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

E. Classifying Worker Exposure to SARS-CoV-2: Worker risk of occupational exposure to SARS-CoV-2, the virus that causes COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk.

The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2.

F. Lower Exposure Risk (Caution): Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

G. Medium Exposure Risk: Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).



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II. OSHA Definitions (continued)

H. High Exposure Risk: High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

I. Very high Exposure Risk: Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.



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III. CSCLV Infection Prevention & Control Guideline

A. Measures to reduce student, faculty, and employee risk of exposure to SARS-CoV-2

1. Prior to the arrival at CSCLV employees, faculty, and students will perform a **self-check** for the presence of *Flu-like symptoms or respiratory illness including the following*:

- Chills,
- Fever $\geq 100.4^{\circ}$ F
- Cough,
- Shortness of breath or difficulty breathing,
- Fatigue,
- Sore throat,
- Muscle or body aches,
- Headache,
- New loss of taste or smell.
- Sore throat,
- Congestion or runny nose,
- Nausea or vomiting, and/or
- Diarrhea.

(Updated 06/23/2020)

- An attestation of good health will be completed by all nursing students at the beginning of each semester stating:
 - a. *I attest to being in good health, without flu--like symptoms or respiratory illness and I am ready to participate fully in my role as a nursing student at the Clinical Simulation Center of Las Vegas.*
 - b. All Students arriving at CSCLV in uniform, scrubs, or lab coat with a badge signify that they are not experiencing the above listed *flu-like symptoms and/or respiratory illness*.
- All faculty and staff entering CSCLV are attesting to the absence of the above listed *flu-like symptoms and/or respiratory illness*.
- A temperature check will be completed for all who enter CSCLV.
 - a. If a temperature check is equal to or greater than 100.4° F a verbal screening of the flu-like symptoms/respiratory illness will be completed.
 - b. A (+) screening is: a temperature equal to or greater than 100.4° F and at least one additional *yes* answer on the *flu-like symptoms/respiratory illness screen*.
- All flu-like symptoms/respiratory illness screening responses will be reviewed and shared as needed to ensure public safety.



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III. CSCLV Infection Prevention & Control Guideline (continued)

A. Measures to reduce student, faculty, and employee risk of exposure to SARS-CoV-2

2. See B. 1 for additional direction(s) when a student, faculty, and/or employee has a (+) screening.
3. Keep 6 feet of distance between all employees, faculty, and students during all education/simulation activities.
 - Place tape/signs marking 6 feet of distance on the floors using tape/signs in sim control, classrooms, and debrief rooms.
4. Permit all employees, faculty, and students to keep a closed water bottle with them during education/simulation activities that involve using sim control, classroom, or debrief room.
 - Eating in sim control, and/or debrief rooms is not allowed at this time.
5. Employees, faculty, and students who to choose to eat lunch in CSCLV must maintain 6 feet distance from one another while eating.
 - Clearly identify CSCLV lunch areas designated with signs.
 - Box lunches or individually packed lunches are allowed.
 - At this time no communal or group food is allowed.
6. Have hand sanitizer and disinfectant wipes available in every room where employees, faculty, students gather for work/education/simulation activities.
7. Use disinfectant wipes labeled as *EPA-approved emerging viral pathogens* to clean tabletops/hard surfaces as needed.
 - These disinfectants are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.
8. Restrict temporarily the use of cell phones/laptops by employees, faculty, students during all educational and simulation activities at CSCLV – until COVID-19 transmission risk decreases.
9. Restrict use of the employee refrigerator, coffee maker, toaster oven, and microwave in the CSCLV faculty office until COVID-19 transmission risk decreases.



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III. CSCLV Infection Prevention & Control Guideline

B. Infectious disease preparedness and response plan

1. All students, faculty, and employees are expected to stay at home if they are experiencing any *flu-like symptoms/respiratory illness* and report their absence per their school program policy.
2. All UNLV nursing students entering CSCLV must complete an electronic attestation form titled *Flu-like symptoms/Respiratory illness screening* once per semester, before arriving.
3. A temperature check will be completed for all who enter CSCLV.
 - See A.1 for the specifics of screening criteria and definition of a (+) screen.
 - CSCLV staff will screen/scan the temperatures of those entering CSCLV.
4. The student's faculty member will consult with their respective program coordinator/director regarding the (+) screening results for:
 - UNLV medicine/nursing/dental students, and/or
 - NSC nursing students.
 - Program coordinators/directors in consultation with the student's faculty will review the (+) screening results.

"Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing)."

Criteria to Guide Evaluation and Laboratory Testing for COVID-19

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

5. Consultation regarding the (+) COVID-19 screening may include:
 - a. a referral to a healthcare provider or UNSOM for additional screening/care,
 - b. the need for COVID – 19 testing, and
 - c. the need for documentation r/t absence from & return to school.

"Therefore, the Privacy Rule permits covered entities to disclose needed protected health information individualized authorization to a public health authority, such as the CDC or a state or local health department that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability."

COVID-19 & HIPAA Bulletin Limited Waiver of HIPAA Sanctions & Penalties during a Nationwide Public Health
Emergency, March 2020

<https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf>



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III. CSCLV Infection Prevention & Control Guideline (continued)

B. Infectious disease preparedness and response plan

6. Students, faculty, and employees who have had a symptomatic COVID-19 infection can return to their responsibilities at CSCLV within the following timeframes:

- Fever-free for three days (72 hours) and symptoms are improved*,
- Ten days have passed since the 1st appearance of symptoms*, and
- Return to work documentation from their HCP.

***Reference:** Email From: Sharon Jalene sharon.jalene@unlv.edu; Date: Thu, Jun 18, 2020 at 10:57 AM;
Subject: From General Counsel: COVID-19 + student policies - 6/18/2020)

7. Students, faculty, and employees who have tested (+) for COVID-19 test but are asymptomatic can return to their responsibilities at CSCLV within the following timeframe:

- Fourteen days have passed since the initial (+) COVID-19 test, and
- Return to work documentation from their HCP.



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III. Infection Prevention & Control Guideline

C. Implementation of Basic Infection Prevention Measures

1. Deep clean or terminal clean CSCLV before reopening including but not limited to sim control, classrooms, debrief rooms, offices, bathrooms.
 - Daily cleaning will include doorknobs, bathrooms, sinks, table/desk/counter tops in classrooms, debrief rooms, white boards, and trash.
 - Spills of liquids/food will be cleaned from floors daily.
 - Disinfectant used will include a designated *EPA-approved emerging viral pathogens* product.
2. Everyone entering CSCLV will wear a face mask after completing the screening process.
 - Face masks will be worn continuously while in CSCLV.
 - Perform hand hygiene if the face mask is touched or adjusted while at CSCLV.
 - If the facemask becomes visibly soiled or wet a new face mask will be given to the user by a CSCLV employee.
3. Facemasks will be provided for all employees, faculty, and students entering CSCLV.
 - A new face mask and a brown paper bag will be provided for all employees, faculty, and students every week.
 - After use the face mask must be placed in a brown paper bag; the bag will be labeled with user's name and the date.
 - After removing a face mask and placing it in the brown paper bag the user will perform hand hygiene.
 - The owner of the mask will take their brown paper bag/mask with them when they leave CSCLV and bring it with them when returning to CSCLV.
4. Encourage and inform all who enter CSCLV to perform respiratory hygiene, cough etiquette, and hand hygiene when at CSCLV.
 - Signs will be posted at the entrance to CSCLV, sim control, classrooms, debrief rooms, and offices providing instruction for respiratory hygiene, cough etiquette, and hand hygiene.
5. Tissues will be available in every room at CSCLV where employees, faculty, and students gather for education/simulation activities.
6. Designate 1 person to use the telephone in sim control during simulation scenarios.
 - Identify 1 employee who will use the telephone during pre-simulation huddle.
 - The phone will be cleaned with a disinfectant wipe before & after every simulation scenario.



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7. Clean all CSCLV computer monitor screens, keyboards & mice with a disinfectant wipe before and after use.
 - If you are unsure if the computer monitor screen, keyboard, mouse is clean, clean it.

III. Infection Prevention & Control Guideline

D. Statement of Support – Re-opening CSCLV

“Only faculty and employees who are essential to public health and safety should be on campus. This includes university police services, faculty and employees providing services to students who remain living in the dorms, faculty and employees involved in providing healthcare services to students, and the community, and faculty and employees who continue to educate and train students in the medical field, including nursing, EMT and paramedic programs.”

NHSE Memorandum Re: *Additional Closures on NHSE Campuses and CTE Course Suspension*
Chancellor Thom Reilly
April 2, 2020

E. References:

1. OSHA *Guidance on Preparing Workplaces for COVID-19*
<https://www.osha.gov/Publications/OSHA3990.pdf>
2. *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*
Update April 13, 2020
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
3. University Medical Center, Las Vegas, Nevada
UMC COVID 19 Employee Screening poster, dated 04/08/2020
Accessed 04/28/2020