Protecting Vulnerable Patients from Coronavirus at Home or in the Workplace

It seems like a bad science fiction movie. You know the story. We are living the story. Our nation, our world is upside down. We have already had and controlled Ebola, HIV/AIDS, MRSA, SARS and other real-life stories. Now we face Coronavirus and await a happy Hollywood type happy ending as we are huddled watching the news in our homes.

The truth is that this is not the first or last time that we are fighting newly evolved viruses and bacteria. We live longer and survive with diseases and conditions that would have killed the last generation only to leave patients with weakened immune systems vulnerable to new diseases. We need to protect these individuals when they return to a contaminated home or workplace



It's All About the Data

Dr Fauci and Dr. Birx are the medical leaders and public face of the amazing array of talented and dedicated professionals pulling us through the pandemic.

Figuring out how to solve the worldwide Coronavirus crisis is why the data is needed by the medical professionals working to save as many lives as possible. Who is sick? How it is transmitted? Who gets well? and What treatments work? are the critical questions where data being shared across the globe.

Disinfection of Buildings is Not "One and Done" It is a Process and a Battle

The first visitor to a building after a complete disinfection can contaminate the building as if it was never cleaned. Maintaining a safe and healthy environment is a shared responsibility for occupant and visitor alike. Communication is key to achieving that goal.

The People Most Likely to get III from a Biological Exposure

- Seniors over the age of 50
- Smokers and Vapors
- Immune compromised individuals
- Respiratory and cardiovascular patients
- Organ transplant recipients
- Chemotherapy patients
- Patients with health threatening injuries or illness
- People with extreme stress
- Caretakers under stress

Cleaning and Disinfecting Methods

The first and most critical step in a disinfection program is a general disinfection cleaning of touchpoints. This is referred to as "Deep Cleaning." Simply spraying a treatment is not enough to kill viruses. Contaminates live withing biofilm and other dirt and debris that coats every object in a building. Wipe down and clean equipment, supplies, carpeting and other exposed surfaces and contents prior to treatment. Dust, skin oil, and stacked objects reduce the effectiveness of any treatment.

ULV (Ultra Low Volume) Fogging is a method of applying droplets of disinfectant to the surfaces in a room. This is best described as a humidifier like you would use in a room for a child with a respiratory problem on steroids. It is far more effective than spraying with a pump spray. This distribution is mostly straight line in the direction the equipment is pointed.

Electrostatic Sprayers were the next generation of disinfection equipment. These units create much smaller droplets that have a static electric charge that not only dissipates the disinfection product, but makes it better wrap around and cling to surfaces

"Touchless Disinfection" is the new a "hospital grade" answer to fighting serious disease contagions. Products, equipment and system for this method include Halosil and Steramist. These particles are even finer than created by Electrostatic Sprayers. The disadvantage is that the applicator can't be in the area being treated. The equipment is set in each room and the room must be completely sealed. Entry to the room can only be made after the treatment is complete and the product has dissipated. This make this effective treatment difficult to accomplish in large facilities.

Set Expectations of Disinfection of Buildings at the Front Door

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Post signage indicating that infection control measures must be followed at entrances.

Locally, the effort of Giant Eagle Supermarkets to install clear plexiglass screens between the customers and checkout staff is an excellent example of setting the tone for protecting all people who enter the store. That effort communicates that they want and expect all of us to keep each other safe while in their buildings.

Sample of Signage to Set Expectations:

This is a building where infection control is necessary for the health of the staff and visitors

- Please use the hand sanitizer you will find at the front door as you enter the building.
- Masks can be found in a box at the front door. Please use a mask while in this building.
- Please do not shake hands with staff. It is not that we are unfriendly in this building. We care about you and our staff and wish all good health.
- Please wash hands after use of restroom facilities and before handling any food, beverage or equipment that will be shared with others.
 Examples of shared items include copiers, phones, and other equipment.

Educate all staff to basic practices as to the ways you can reduce or slow the spread of infections:

- Wash your hands frequently. Use paper towels or hand dryers. If leaving a restroom, use the paper towel to open the door to leave the room after hand washing.
- Stay home if you are sick (so you do not spread the illness to other people).
- Wipe all commonly used equipment before use. This includes phones, copiers, flashlights, shared desks, fountains, handles on appliances, faucets, etc
- Shared autos and trucks are shared close environments in which almost every surface is a touch point and not typically sanitized. This includes steering wheels, door handles, radios, dials, controls and equipment. These should be sanitized.
- Use a tissue, or cough and sneeze into your arm, not your hand. Turn away from other people when sneezing, coughing, hacking.
- Use single-use tissues. Dispose of the tissue immediately. Do not leave sitting out for reuse
- Wash or sanitize your hands after coughing, sneezing or using tissues.
- Do not touch your eyes, nose or mouth (viruses can transfer from your hands and into the body).

• Do not share cups, glasses, dishes or cutlery. Paper plates, plastic silverware and disposable cups are suggested.

Understand and Combat Common Disease Transfer Methods

Airborne - coughs or sneezes release airborne pathogens, which are then inhaled by others. We now know that the minimum safe space is about 6 feet.

Contaminated objects or food – We now know that the virus can live on most surfaces. That includes all touch points and items that include bags, papers, doorknobs, light switches and anything else you may touch.

Skin-to-skin contact - the transfer of virus can occur through touch, or by sharing personal items, clothing or objects. The data tells us to ban handshakes.

