



**AN INFECTION CONTROL MODULE:  
BATTLING COVID-19 IN 2022**



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*An Infection Control Module:*  
**BATTLING COVID-19 IN 2022**

We hope you enjoy this inservice prepared by registered nurses especially for caregivers like you!

## About this Course:

This course provides an overview of everything caregivers need to know to keep themselves and their clients safe as we enter the second year of the COVID-19 pandemic. It covers the symptoms, treatment, PPE, and other infection control measures everyone can use. Additionally, caregivers will get information on COVID long-haulers, and the COVID-19 vaccines and variants.

**Audience:** Home Health Aide; Hospice Aide; Nurse Assistant - CNA; Personal Care Aide

**Teaching Method:** Classroom-based, instructor-led training.

For California, please indicate the teaching method used:  Lecture

Group Discussion  Other (please specify) \_\_\_\_\_

**CE Credit:** 1 hour

**Evaluation:** The learner must achieve 80% or higher on the post-test to receive credit.

**Disclosures:** The authors, planners and reviewers of this educational activity declare no conflicts of interest with this activity. There are no commercial interests or sponsorships related to this educational activity.

**Note to Instructors:** Please see the Instructor's Guide for classroom activity suggestions, teambuilding activities, discussion questions, worksheets, quiz answer key, and a post-course survey for learners.

If you have comments and/or suggestions for improving this inservice, email In the Know at [feedback@knowingmore.com](mailto:feedback@knowingmore.com).

**THANK YOU!**

### COURSE OBJECTIVES

*Explain where COVID-19 came from and trace its spread across the United States.*



*List the signs and symptoms of COVID-19.*



*Describe the infection control precautions that should be followed to prevent the spread of COVID-19.*



*State three important reasons to get the COVID-19 vaccine.*



## COURSE OUTLINE

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## An Infection Control Module: Battling COVID-19 in 2022

### WHY ARE WE STILL BATTLING COVID IN 2022?

As the clock struck midnight on December 31st of 2021, the world stood hopeful that the hero, 2022, would arrive on its white horse and rescue us from the clutches of the COVID-19 pandemic — but pandemics don't work that way.

#### When will it end?

No one can say for sure when things will get back to normal. We have access to vaccines and boosters now, but much depends on how quickly we can get people vaccinated. **Experts estimate that we need to have at least 75% of the population immunized before reaching "herd immunity."**

As of 12/28/2021, the vaccination rate in the US is about 890 thousand new doses per day. **About 205 million people, or 62% of the population, have been fully vaccinated.**

#### We still have a long way to go.

Efforts continue to speed up the delivery and administration of vaccines, including expanding vaccine access to children. As vaccine manufacturers ramp up production, the federal government sends funding to support the mass vaccination endeavor. Experts believed we could get to at least 2 million doses a day by early summer 2021; however, we are behind the mark at only 890 thousand new doses per day.

#### We all have to do our part.

The advent of increasingly contagious COVID-19 variants like Delta and Omicron highlights why we all must continue to do our part to slow the spread of the virus no matter how long it takes. Scientists believe it is becoming apparent that these new variants primarily depend on an unvaccinated human host to mutate and spread. Wear a mask, wash your hands, stay socially distant, and get the vaccines and boosters when it's your turn to do so.

PLEASE NOTE: The guidance in this course is based upon information that is subject to change as we learn more about the virus. We will continue to update the course until COVID-19 is no longer a threat.

### What is herd immunity?

Herd immunity arises when the majority of a community (the herd) becomes immune to a disease, making the spread of disease from person to person unlikely.

# THE VIRUS SO FAR . . .

**DEC 2019**

A cluster of cases of a mystery illness prompted the closure of a popular market and eventual lockdown of the entire city of Wuhan, China.

**JAN 2020**

By the end of January, the virus had spread worldwide. Travel restrictions went into place and the World Health Organization declared a Public Health Emergency. **The first US case was confirmed in Washington.**

**FEB 2020**

Midway through February, the United States had a total of thirty-four coronavirus cases. Travel restrictions increased. **On February 29th, the United States reported its first death.**

**MAR 2020**

On March 13th, the US declared a National State of Emergency. A global shortage of PPE placed healthcare workers in significant danger. **The US confirmed more than 140,000 cases of COVID.**

**APR 2020**

In early April, almost 91% of Americans were ordered to stay at home. The CDC recommended everyone wear masks while in public. **By the end of April, the US had recorded over one million coronavirus cases.**

**MAY 2020**

In May, three children in New York died of a mysterious toxic-shock inflammation syndrome linked to the coronavirus. Another 73 became infected. **Deaths in the United States passed 100,000.**

**JUN 2020**

In early June, many states began lifting "stay-at-home" restrictions. But, by the end of June cases had surged again and **twelve U.S. states slowed their reopening measures.** Vaccine trials began showing promise.

**JUL 2020**

In early July, The WHO discovered that the virus could **spread by airborne transmission.** Walmart began requiring shoppers to wear facemasks in all 5,000 of its U.S. stores.

**AUG 2020**

States were hopeful that schools would re-open in the Fall and people began to get back to work. **Remdesivir and convalescent plasma were authorized to treat COVID-19.**

**SEP 2020**

By the end of September, cases in most states began to surge again. Many school districts started the Fall semester in remote learning. The US surpassed **7 million COVID-19 cases.**

**OCT 2020**

Europe was declared the new 'epicenter' of the pandemic, and we became aware of **two new variants** of the COVID-19 virus – the UK and the South Africa variant.

**NOV 2020**

Seventeen states reported record numbers of hospitalizations with **hospital capacity under serious threat.** Holiday travel was strongly discouraged.

**DEC 2020**

Mid-December, the US granted **Emergency Use Authorizations for two vaccines** and people began to receive their first doses. The UK variant was detected in Colorado.

**JAN 2021**

**By the end of January, more than 440,000 Americans died** from complications associated with COVID-19, and the South African variant was detected in the US.

**FEB 2021**

FDA approves emergency use authorization for Johnson & Johnson **one shot COVID-19 vaccine.**

**MAR 2021**

U.S. surpasses 100 million vaccinations administered. CDC announces that **fully vaccinated people can gather indoors without masks.**

**APR 2021**

By the end of April, the U.S. surpasses **200 million vaccines administered.**

**MAY 2021**

Largest CDC COVID-19 Vaccine Effectiveness Study in health workers **shows mRNA vaccines to be 94% effective.**

**JUN 2021**

OSHA releases emergency temporary standards to protect health care workers from COVID-19. **The CDC urgently releases guidance on vaccination and masking indoors** due to concerning emerging case data.

**JUL 2021**

By late July, the 7-day moving average of **COVID-19 cases reached over 60,000.** New data began to emerge that **the Delta variant was more infectious, even in the vaccinated**

**AUG 2021**

On August 23rd, the **FDA approves the first COVID-19 vaccine** from Pfizer-BioNtech: **Comirnaty**

**SEP 2021**

By September 15th, one in every 500 Americans had died from COVID-19. It became the **deadliest respiratory pandemic in U.S. history.**

**OCT 2021**

On October 18th, the U.S. passes **45 million cases.**

**NOV 2021**

On November 2nd, the **CDC approves of Pfizer vaccines for kids** aged 5—11 years old. Boosters for all adults are recommended.

**DEC 2021**

On December 1st, the first U.S. case of the **Omicron COVID-19 variant** is confirmed in California.



## When is it Contagious?

The time from exposure to symptom onset (known as the incubation period) is thought to be between 1 and 14 days.

- Symptoms typically appear within 2–14 days after exposure.

However, scientists know that a person with COVID-19 can be contagious 2 to 3 days before starting to experience symptoms.

- ***People without symptoms may not even know they have the virus but can still spread the virus to others.***

This is why face masks and social distancing are so important, even when fully vaccinated and boosted. These practices reduce the risk that someone who is infected, but not yet symptomatic, may unknowingly infect others.

## WHAT ARE THE SYMPTOMS OF COVID-19?

People with COVID-19 have had a wide range of symptoms. Here are a few (but not all) possible symptoms:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### And, it might be different for older adults.

As with many conditions (particularly infections), older adults don't have the typical signs and symptoms. Here's what doctors and nurses on the front lines have seen in older adults with COVID-19:

- They seem "off" — not acting like themselves
- Sleeping more than usual
- Not eating
- Unusually tired
- Confused
- Loss of orientation
- Dizzy
- Increase in falls

### What should you do if your client shows symptoms?

Contact a doctor right away if you notice any of the symptoms listed above.

### What should you do if YOU show symptoms?

- Caregivers who have signs and symptoms of any respiratory infection should not report to work. Contact your supervisor for guidance.

### If you develop signs and symptoms while on-the-job:

- Immediately stop work, put on a face mask, and plan to self-isolate at home;
- Contact your supervisor so arrangements can be made to cover the client as necessary;
- Inform your supervisor of all individuals, equipment, and locations you came in contact with; and
- Contact and follow your local health department recommendations for next steps.

# CARING FOR A CLIENT WITH COVID-19

How will you care for people with known or suspected COVID-19? Here are a few tips:

## For symptom relief:

- Encourage plenty of **fluids** to stay hydrated.
- Urge plenty of **rest**.
- Some **over-the-counter medicines** may help with symptoms. Be sure to check with the client's medical provider before recommending any medications.

## Monitor emergency signs:

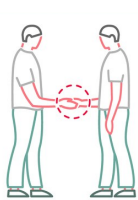
- **Pulse Ox less than 90%\***
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

## \*PULSE OX AT HOME

A pulse oximeter (pulse ox, for short) is a small device that clips on the fingertip and reads the level of oxygen in the blood. Anyone with known COVID-19 (who is healthy enough to stay home) should have a Pulse Ox reader at home and check oxygen levels frequently. A pulse ox can be purchased for \$10-\$20 at most pharmacies.

## FOLLOW CONTACT, DROPLET, AND AIRBORNE PRECAUTIONS

COVID-19 can be spread in three different ways. **Follow all three PPE requirements** to protect yourself and others.



Direct



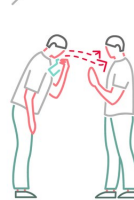
Indirect

### CONTACT

- **Direct person-to-person contact.** The virus can spread directly from one person to another between people who are in close contact.
- **Indirect contact with infected surfaces.** The virus can also land on surfaces or objects and spread to another person who touches the surface or object.

#### WHAT PPE IS NEEDED?

**Gloves and Gown**



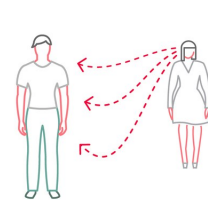
Virus can travel up to 6 feet.

### DROPLET

- Infected people can spread the virus by droplets (**tiny globs of mucus, saliva, and water**).
- Droplets come out when the person talks, breathes, coughs, or sneezes.
- Droplets are heavy and tend to fall within 6 feet of the person.

#### WHAT PPE IS NEEDED?

**Gloves, Gown, Surgical or N95 mask**



Virus can travel more than 6 feet.

### AIRBORNE

- Viruses that are airborne travel on much smaller droplets that become **aerosolized**.
- Instead of dropping to the ground, these particles are light enough to be carried through the air.
- They can travel more than 6 feet.

#### WHAT PPE IS NEEDED?

**Gloves, Gown, N95 mask, Face Shield or Eye Protection**

**To protect yourself from all three modes of transmission, use the strictest instructions found in Airborne Precautions.**

## CARING FOR A CLIENT WITH COVID-19 — CONTINUED

***Anyone who is confirmed to have COVID-19, or is showing symptoms but remains well enough to stay home, should be completely isolated from all other household members.***

### THE CDC RECOMMENDS THESE ISOLATION PRECAUTIONS:

#### A Separate Bedroom and Bathroom

The person who is sick should stay separated from other people and pets in the home (as much as possible).

- If a separate bedroom and bathroom are available, use these to limit contact. Wear a mask, face shield, gown, and gloves to provide personal care and to clean the area around the person who is sick.
- Provide personal cleaning supplies to the person who is sick (if appropriate). Give tissues, paper towels, and cleaners (such as Clorox wipes). If they feel up to it, the person who is sick can clean their own space.
- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by the infected person.

#### Eating and Cleanup After Meals

The person who is sick should eat (or be fed) in their separate bedroom.

- Deliver meals to the room without making contact, if possible. For example, a tray can be left on a table outside the door.
- Wear a mask, face shield, gown, and gloves if you must help to feed the person who is sick.
- Wash dishes and utensils using gloves and hot water. Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

#### Handling the Trash

The person who is sick should keep his or her trash separated from other trash in the home (as much as possible).

- Provide a dedicated trash can to the person who is sick. Place a disposable trash bag in the can.
- Use gloves when removing garbage from the room and carry the bag directly to an outside receptacle, if available.
- Remove gloves and wash hands afterwards.

#### Caring for Pets

The CDC recently announced the first confirmed cases of COVID-19 in household pets.

#### How can you keep pets and people safe?

- Any person who has symptoms or a confirmed diagnosis of COVID-19 should restrict contact with pets. If possible, have another member of the family care for pets while the person is sick.
- Do not let pets interact with people or other animals outside the household.
- Petting, snuggling, being kissed or licked by a pet should be discouraged at this time.
- If the person who is sick must care for the pet, remind her to wear a **facemask** and **wash her hands before and after** she interacts with the pet.





## How Do You Do It?

### Maintaining Social Distance with Clients

Social distancing is purposely increasing the space between people. Staying at least six feet away from other people can decrease your chances of catching COVID-19. But, if you provide personal care for clients, it might seem impossible to maintain a social distance.

#### Here's how you do it:

- Wash your hands and put on gloves and mask *before* coming in contact with the client.
- Ask the client to put on a mask, even if they don't feel sick.
- Limit talking while in close contact with clients.
- Turn your head or walk away (if it's safe to do so) to cough or sneeze.
- Perform personal care quickly and efficiently to minimize the time you are in close contact.

## HOW IS COVID-19 TREATED?

**Supportive measures are recommended for asymptomatic and mild cases. More severe cases should be treated in hospitals that have access to ventilators. Guidelines are as follows:**

SEVERITY	SUPPORTIVE MEASURES
<b>Asymptomatic</b> (no symptoms)	<ul style="list-style-type: none"> <li>• Contact a doctor (and follow the doctor's orders).</li> <li>• Follow isolation precautions.</li> <li>• Monitor for symptoms.</li> </ul>
<b>Mild</b> (no viral pneumonia and normal oxygen level)	<ul style="list-style-type: none"> <li>• Contact a doctor (and follow the doctor's orders).</li> <li>• Follow isolation precautions.</li> <li>• Monitor for worsening symptoms. The CDC reports, "<b><i>respiratory symptoms may worsen in the second week of illness.</i></b>"</li> <li>• Get plenty of rest and fluids.</li> <li>• Tylenol or Motrin can ease discomfort associated with mild, cold-like symptoms.</li> </ul>
<b>Severe</b> (difficulty breathing, persistent pain or pressure in chest, pale, gray or blue-colored skin, lips or nail beds)	<ul style="list-style-type: none"> <li>• Get emergency help for difficulty breathing.</li> <li>• Hospitalization is likely required.</li> <li>• Follow isolation precautions.</li> <li>• Treatment will depend on symptoms.</li> </ul>
<b>Critical</b> (failure to breathe, worsening chest pain, inability to wake or stay awake)	<ul style="list-style-type: none"> <li>• Life-saving measures are required at this stage.</li> <li>• Isolation precautions remain.</li> </ul>



## WHEN CAN A CLIENT'S ISOLATION END?

**Regardless of vaccination status, when you are caring for someone with confirmed COVID-19 who is isolated at home, the CDC has updated recommendations on when the client's isolation can end. Isolation is permitted to end under the following conditions:**

- At least 5 days have passed since symptom onset, **AND**
- At least 24 hours have passed fever-free without the use of fever-reducing medications, **AND**
- Other symptoms have improved.

If the person tested positive for COVID-19 but **never had any symptoms**, isolation and other precautions can be discontinued 5 days after the date of their first positive test.



In either case, regardless of vaccination status, clients must continue to mask at least 5 additional days after ending isolation.

## WHEN CAN YOU GO BACK TO WORK AFTER AN EXPOSURE?

**Any healthcare worker who has been exposed to a person with COVID-19 (on the job or in the community) should be quickly identified and assessed for fever or symptoms of COVID-19.**

- If found to be symptomatic, regardless of vaccination status, an assessment can be done to determine the **staffing need**, testing expectation, necessary work restriction, and monitoring for up to 10 days.
- If the exposed worker is asymptomatic, an assessment can be done to determine the **staffing needs**, testing expectation, necessary work restriction, and monitoring for up to 10 days, depending on vaccination status.

<b>Work Restrictions for Healthcare Workers with Confirmed COVID-19 Infection</b>			
<b>Vaccination Status</b>	<b>Conventional Staffing Need</b>	<b>Contingency Staffing Need</b>	<b>Crisis Staffing Need</b>
Boosted, Vaccinated, or Unvaccinated	HCW may return to work after 10 days. <b>Exceptions:</b> Asymptomatic, or mildly symptomatic HCWs can return to work after 7 days with a negative test.	Asymptomatic, or mildly symptomatic HCWs may return to work after 5 days with or without a negative test.	No work restrictions for asymptomatic or mildly symptomatic HCWs.
<b>Work Restrictions for Asymptomatic Healthcare Workers with COVID-19 Exposures</b>			
<b>Vaccination Status</b>	<b>Conventional Staffing Need</b>	<b>Contingency Staffing Need</b>	<b>Crisis Staffing Need</b>
Boosted	No work restrictions when HCW has a negative test on days 2, 5, 6, and 7 from exposure.	No work restrictions.	No work restrictions.
Vaccinated or Unvaccinated (even if within 90 days of prior infection)	HCW may return to work after 10 days. <b>Exceptions:</b> HCW may return to work after 7 days with a negative test.	No work restrictions when HCW has a negative test on days 1, 2, 3, and 5, 6, and 7 from exposure.	No work restrictions (test if possible).

# Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

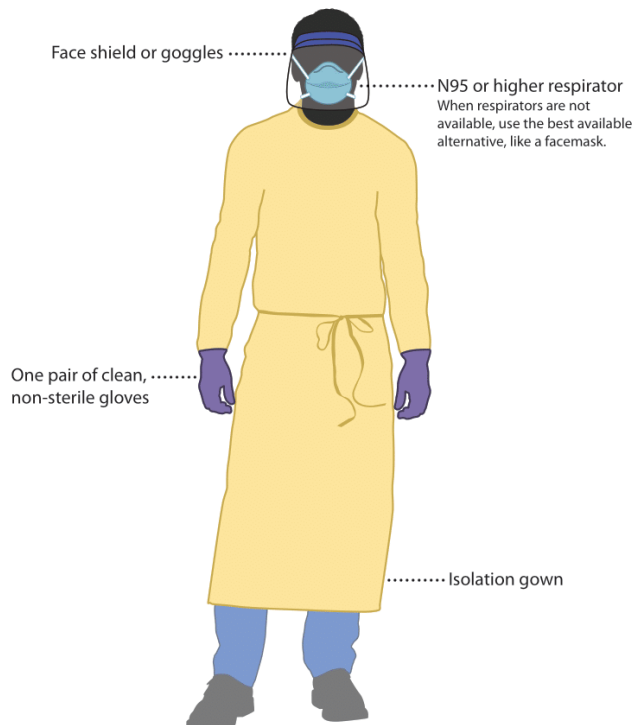
## Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

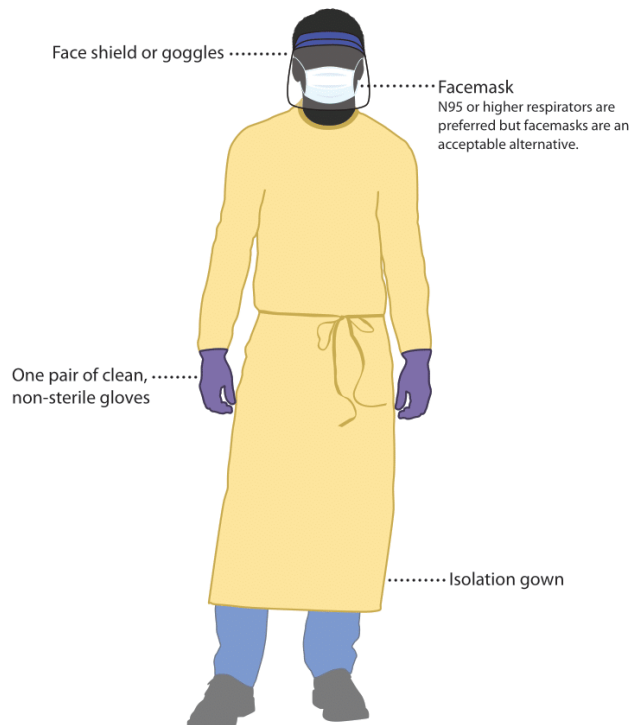
## Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

### Preferred PPE – Use N95 or Higher Respirator



### Acceptable Alternative PPE – Use Facemask



[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

## Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

- 1. Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
- 2. Perform hand hygiene using hand sanitizer.**
- 3. Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
- 4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** 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. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - » **Respirator:** 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.
  - » **Facemask:** Mask 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.
- 5. Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- 6. Put on gloves.** Gloves should cover the cuff (wrist) of gown.
- 7. HCP may now enter patient room.**

## Doffing (taking off the 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. Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.\*
- 3. HCP may now exit patient room.**
- 4. Perform hand hygiene.**
- 5. 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.
- 6. Remove and discard respirator (or facemask if used instead of respirator).\*** Do not touch the front of the respirator or facemask.
  - » **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.
  - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
- 7. Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

\*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.



## Facts about Long-Haulers

- There are an estimated 5 million long-haulers in the world who continue to experience COVID-19 symptoms long after they test negative.
- You can experience symptoms of a long-hauler even if you only had a mild case of COVID-19.
- At first, it was thought the long-term symptoms were a stress-related reaction. Now we know it's not "all in the head."
- The number-one complaint for long-haulers is fatigue. Number-two is brain fog.
- "Long COVID" is now a Disability under the ADA, Section 504 and Section 1557 in the United States if it substantially limits ones or more major life activities.

## WHAT ARE COVID-19 "LONG-HAULERS?"

Typically, the symptoms of COVID-19 last a week or so, but that's not always the case. About 10% of COVID-19 patients become "long-haulers."

Long-haulers are those who had tested positive for the coronavirus but continue to experience symptoms long after they've tested negative. Doctors are not sure why this is happening, but long-haulers can continue to have symptoms for weeks or even months after testing negative.

### What are the risk factors?

Anyone can become a long-hauler. No particular demographic (gender, age, race, health status) seems to place anyone at more or less risk for becoming a long-hauler.

### What are the symptoms?

The symptoms reported and observed in "long-haulers" are varied and inconsistent. There doesn't appear to be a pattern, and everyone's experience can be different. In general, here are a few of the symptoms most commonly noted:

- Fatigue
- Brain fog
- Headaches
- Dizziness
- Increased heart rate
- Cough
- Body aches and joint pain
- Shortness of breath



Brain fog, dizziness, and headaches are by far the most troubling symptoms for long-haulers. We tend to think of COVID-19 as a respiratory illness. So, why would it affect the brain? Experts say the symptoms may be caused by postural orthostatic tachycardia syndrome (POTS, for short), which is a blood circulation disorder.

Many POTS symptoms (brain fog, dizziness, etc.) are thought to be related to poor blood flow caused by inflammation in the autonomic nervous system.

### Are there any treatments available for long-haulers?

As of this date, there are no approved treatments for the symptoms associated with long-haulers. Doctors recommend self-care, such as getting enough sleep and exercising as much as the body allows.

To further address the growing number of people experiencing long-term symptoms, dozens of specialty care clinics have opened across the nation with a singular focus on long-haulers.

## WHAT DO WE KNOW ABOUT COVID VACCINES?

### PFIZER

Fully FDA Approved in the US on Aug. 23 for ages 16+.

**95% Effective**

Requires two doses, 3 weeks apart.

Immunity kicks in at 7 days after the second dose.

Side Effects: Injection site pain, fatigue, headache, muscle pain. Worse after second dose.

Approved for emergency use in ages 5-15.

Full-dose booster available for 16 years+

### MODERNA

Approved for Emergency use in the US on Dec. 18.

**94.1% Effective**

Requires two doses, 4 weeks apart.

Immunity kicks in at 14 days after the second dose.

Side Effects: Injection site pain, fever, muscle aches, headaches. Effects worse after second dose.

Safe for people 18 years+

Partial dose booster available for 18 years+

### JOHNSON & JOHNSON

Applied for emergency use approval on Feb 5, 2021.

**66% Effective**

Requires one dose.

Immunity kicks in at 28 days after injection.

Side Effects: Injection site pain, fatigue, headache, muscle pain.

Safe for people 18 years+

mRNA booster doses recommended for ages 18+

## WHY SHOULD YOU GET VACCINATED?

You are devoted to protecting the health of your loved ones, your clients, and yourself. Getting the COVID-19 vaccine can help you do just that. **Vaccines and boosters do three important things:**

1. **Vaccines can keep you from getting sick.** The current COVID vaccines are highly effective at preventing COVID-19.
2. **Vaccines can make symptoms less severe.** The vaccine is not a magic bullet. You can still get COVID-19, but if you get it after you've been vaccinated, the symptoms will be mild and hospitalization is less likely.
3. **Vaccines can help protect others around you.** Getting vaccinated yourself may also protect people around you, particularly those at increased risk for severe illness from COVID-19.



# FAQS ABOUT COVID-19 VACCINES AND VARIANTS

## FAQS ABOUT COVID-19 VACCINES

### Q: If I already had COVID-19 and recovered, do I still need to get the vaccine?

- Yes. It's still unclear how long someone is protected from getting sick again after recovering from COVID-19.

### Q: Will I be required to get vaccinated for work?

- The federal government does not mandate (require) vaccination for individuals. Some healthcare workers or essential employees may be required to be vaccinated under state or other law. Check with your employer to see if they have any rules that apply to you.

### Q: Are the COVID-19 vaccines safe?

- All the COVID-19 vaccines currently being used have gone through rigorous studies to ensure they are as safe as possible.

### Q: Should I get the vaccine if I have underlying medical conditions?

- People with underlying medical conditions can (and should) receive COVID-19 vaccines. You should not get the vaccine if you have had an immediate or severe allergic reaction to a COVID-19 vaccine or any of the ingredients in the vaccine.

### Q: When can I get the vaccine?

- All the COVID-19 vaccines currently being used have been made widely available for distribution in the US. Follow your local news and your Governor's COVID-19 Task Force briefings to learn where you can obtain vaccine doses in your area.

### Q: Should I get a booster?

- Teens aged 12-17 years should receive a Pfizer-BioNtech booster. All others ages 18 and up should receive an mRNA booster (Pfizer-BioNtech or Moderna) after completing their primary COVID-19 series.

## FAQS ABOUT COVID-19 VARIANTS

### Q: Is there a new variant of the COVID-19 virus?

- Viruses frequently mutate, creating new variants over time. Multiple variants of the COVID-19 virus have been documented around the world. Variants were identified initially in the United Kingdom, South Africa, and Brazil.

### Q: Have the new variants been detected in the United States?

- Yes. By early February 2021, the number of confirmed cases of variants in the US began to double every 10 days. The Omicron variant is the newest strain in the US.

### Q: Are these variants more contagious?

- Current research shows that these variants, like the Delta and Omicron variants, seem to spread more quickly than the virus's original strain. This could lead to a rapid increase in the number of cases.

### Q: Do these variants cause more severe disease?

- The Delta variant has been documented to be more infectious, leading to an increase in case severity and hospitalizations. It is unclear, at this time, if Omicron is as severe as its predecessor, Delta.

### Q: Are the current vaccines effective against these variants?

- Initial findings suggest the current vaccines may be somewhat less effective against some of the new variants; however, they have been shown to be effective in preventing hospitalizations and severe illness against the Delta and Omicron variants.

# FINAL THOUGHTS ON COVID-19 IN 2021

## IT'S TIME TO DOUBLE MASK

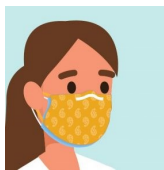
On February 10, 2021, the CDC updated its [recommendations](#) on mask wearing.

### 1. Choose a mask with a nose wire.

- A nose wire is a metal strip along the top of the mask. It helps fit the mask to your nose and seals it to your face.
- The mask should fit snugly over your nose, mouth, and chin.
- Check for gaps by cupping your hands around the mask's outside edges while breathing in and out. No air should escape near your eyes or from the sides of the mask. You may be able to see the mask move in and out with each breath.

### 2. If you can't get a good fit with one mask:

- **Double mask.** Wear one disposable mask underneath a cloth mask. The second mask should push the edges of the inner mask against your face.
- Or, **use a mask fitter or brace** over a disposable mask or a cloth mask to prevent air from leaking around the mask's edges.



## MYTHS & FACTS ABOUT COVID-19

**MYTH:** The COVID-19 vaccine will give me COVID-19.

- **FACT:** None of the currently available coronavirus vaccines contain live virus. So it's not possible to get coronavirus from the coronavirus vaccine. You may experience symptoms associated with COVID-19, but that just means your immune system is working and your body is learning how to fight the virus.

**MYTH:** Once you receive the COVID-19 vaccine, you'll be protected forever.

- **FACT:** With the advent of more infectious variants, boosters are now recommended for ages 18 and up. Experts are currently looking at all available data to determine how well vaccines are working and how new variants affect vaccine effectiveness.

**MYTH:** The COVID-19 vaccine can cause infertility.

- **FACT:** There's no evidence that the new vaccines against COVID-19 cause infertility.

**MYTH:** The COVID-19 variants caught health experts by surprise.

- **FACT:** The emergence of variants to COVID-19 was not unexpected. The Centers for Disease Control and Prevention explains: "Viruses constantly change through mutation, and new variants of a virus are expected to occur over time."

### 3. If double masking is not an option:

Knot and tuck the ear loops of a 3-ply mask where they join the edge of the mask. Fold and tuck the unneeded material under the edges. For video instructions, see <https://youtu.be/UANi8Cc71A0>.

## A FEW HELPFUL RESOURCES

The CDC  
[www.cdc.gov](http://www.cdc.gov)

The World Health Organization  
[www.who.int](http://www.who.int)

Locate your local Health Department  
[www.naccho.org/membership/lhd-directory](http://www.naccho.org/membership/lhd-directory)

Dial 211  
for referrals or to be connected to agencies and community organizations.

Dial 911  
for emergencies only.

Call Your Doctor  
if you think you have symptoms of COVID-19



An Infection Control Module:  
**Battling COVID-19 in 2022**

Are you “In the Know” about COVID-19? **Mark the best choice.**  
**Then send your answers to your supervisor!**

EMPLOYEE NAME  
(Please print):

DATE: \_\_\_\_\_

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least 8 of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

**1 Hour CE Credit**

***File completed test  
in employee’s  
personnel file.***

**1. When most of the people in a community are immune to an illness, the community is said to have:**

- A. Flock Immunity.                      C. Herd Immunity.  
B. Human Immunity.                    D. Cluster Immunity.

**2. Which type of precautions should you follow to prevent COVID-19?**

- A. Contact Precautions.                C. Airborne Precautions.  
B. Droplet Precautions.                D. All of the above.

**3. While working in a client’s home, you begin to run a fever. You also have a sore throat and feel achy. You should:**

- A. Finish your shift and then go home.  
B. Finish seeing all of your clients before going home.  
C. Stop working, put on a mask, contact your supervisor, and go home.  
D. Put on mask(s) and continue working your entire shift.

**4. Possible symptoms of COVID-19 include:**

- A. Fever.                                      C. Sore throat.  
B. Cough.                                      D. All of the above.

**5.     True     False**

People known as “long-haulers” continue to test positive for COVID long after their symptoms disappear.

**6.     True     False**

As soon as you are fully vaccinated and boosted, you can stop wearing a mask and social distancing.

**7.     True     False**

During the Coronavirus crisis, you should wear a mask for all close personal contact with clients, even if you are vaccinated and don’t feel sick.

**8.     True     False**

The new COVID variants are more contagious, meaning they spread faster.

**9.     True     False**

It’s common for long-haulers to experience brain fog, fatigue, and dizziness.

**10.   True     False**

Only people with symptoms of COVID-19 can spread the virus to others.

Please send your completed quiz to your supervisor.