

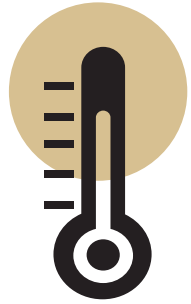
INFECTION CONTROL

Strategies for Staff



Atul Gawande is a surgeon in a hospital of 75,000 staff, many with high exposure to SARS-COV-2, the virus that causes COVID-19. The hospital had infections, but never locked-down. A cocktail of

measures, ALL taken together, provide a safety net against disaster. These measures are: Hygiene, Screening, Distancing, Masks, and 'Culture.' We have added Ventilation.



HYGIENE

Do not touch your face. Use sanitizer and hand-wash points with liquid-soap if possible.



SCREENING

If there is a screening routine, keep your distance, especially indoors where risks are higher. Similarly for clocking-in.



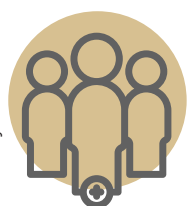
DISTANCING

Breathing has two threats; exposure to expelled micro-droplets; and, indoors, longer exposure to infected air. Micro-droplets and dehydrated particles are threats because of their size; some can stay in the air for 'several hours.' Ideally bring food to eat outside, or in your own vehicle. Talking and shouting produce much higher levels of threat; reduce to a minimum, especially indoors.



MASKS

Always wear a mask to cover mouth and nose with the best fit available; an industrial N95 mask can be improved by greasing the edges with Vaseline at the edges. If you have to be close, use a face-shield as well.



VENTILATION

Try and stay in ventilated areas and away from others, especially in confined spaces like bath-rooms.

CULTURE

Every single person is a threat; one person can put ALL at risk. Call out behaviors that do not meet the infection control rules.