

Updated Guidance for Environmental Health Specialists During Field Visits

August 6, 2020

During our continued response to COVID-19, Environmental Health Specialists (EHS) have the responsibility to continue protecting the citizens of North Carolina by enforcing environmental health laws and rules. Given the extent of community spread in NC, it is important that EHSs implement personal protective measures that reduce or eliminate being in close contact with others during an inspection. These measures will result in an inspection that is different from previous routine inspections but will allow for EHSs to continue protecting the public while also protecting themselves and others from COVID-19 exposure and illness.

	Ask if any employees have reported a positive COVID-19 test or have active symptoms. Assess the facility to determine if there are persons with active coughing or without face coverings. Discuss expectations for employees during the inspection (social distancing and face coverings). If anyone in the facility reports COVID-19 symptoms stop the inspection. If the facility provides care for a highly susceptible population (HSP), ensure that you discuss with the facility operator if it is an appropriate time to perform the inspection based on the facility's status (e.g., postponement of inspection due to large number of active cases).
Face	Covering and Physical Distancing
	Follow the CDC's recommendation for using a well-fitted, clean cloth face covering. Information on cloth face coverings include <u>CDC's guidance on wearing and removing cloth face masks</u> , and <u>CDC's use</u> of cloth face coverings.
	Cloth face coverings should be worn at all times but are not a substitute for physical distancing. Physical distancing requires a distance of at least 6 feet. The amount of time in close contact must be limited to less than 15 cumulative minutes.
0	Consider wearing a lab coat or other protective clothing (laundered daily on high heat). Follow any additional precautions requested by the establishment to protect employees and customers from COVID-19 illness (e.g., symptom/temperature screening, PPE). Consider using separate protective clothing for high-risk facilities (HSP, visits with confirmed cases) and routine work to avoid causing potential contamination between establishments.
Cond	ucting the Inspection
	Discuss with the person in charge (PIC) changes in flow or processes that have been initiated by the facility during the present COVID-19 pandemic.
	Inspections should continue to focus on Risk Factors while following requirements for correction and follow up.
	Consider utilizing PIC or other staff to verify temperatures, check sanitizer, calibrate thermometers and demonstrate correction of risk factors during the inspection.
	To maintain physical distancing requirements, utilize photos to convey violations in tight spaces such

as walk-in coolers, stock areas, dish areas or other locations where a safe distance cannot be

maintained.

	Consider virtual follow-up (such as FaceTime) or other technological solutions to complete the follow-up visit.	
Disinf	Inspection Inspection equipment should be cleaned and disinfected at the beginning and end of every inspection once entering the establishment and, as always, wash your hands. Items that need to be disinfected	
0	include pens, flashlights, clip boards, or other items carried during inspection. Use a solution of at least 60% alcohol in the absence of other approved disinfectant. Minimize inspection equipment to only those items necessary for conducting the inspection. Minimize contact with high-touch areas or use a barrier like a single-use towel. Ask the PIC to turn on lights, open doors and operate equipment whenever possible. Consider carrying a dedicated pen for the PIC to sign paperwork. Do not exchange paperwork, clipboards, pens, or other materials during the visit. Consider sending your paperwork to the establishment electronically to the extent possible.	
	Hygiene	
	It is important to model good hand hygiene practices during inspections and visits. Hands must be washed immediately upon entering the facility using soap and running water for at least 20 seconds.	
	Increased hand hygiene may be necessary if high-touch surfaces are contacted during the inspection. Avoid touching your face with your hands while in the facility, both during the inspection and while completing paperwork.	
	Proper handwashing is the best method to help prevent the spread of COVID-19 from contaminated surfaces. If gloves are used, ensure that hands are washed before and after glove use, practice proper donning and doffing techniques, and dispose properly.	
	Consider carrying hand sanitizer with at least 60% alcohol for use during inspections when hands are not visibly soiled, when you have come in contact with a high touch surface, and/or the handwashing facility is not readily available (e.g., when entering a cooler before handling thermometer). Hand sanitizer should also be used when entering your car after the inspection to decrease possible contamination in car.	
Responding to Potential Exposure		
	Close contact is defined as being within 6 feet of an individual for at least 15 minutes regardless of whether you or others are wearing a face covering. The 15-minute exposure period may be cumulative time over the duration of an inspection or may occur during a continuous 15-minute exposure. Proper use of a face covering reduces the chance that you will become infected, but it does not change the requirement to self-quarantine after being a close contact to a positive case.	
	Discuss with county communicable disease staff inspection protocols so that a communication plan can be developed when cases are identified in permitted establishments. If someone in an establishment tests positive and you have been in close contact with them, you will be required to self-quarantine for 14 days from last known exposure. This requirement is why it is critical to avoid close contact.	
	If an EHS is identified as a close contact to a positive case from a field work exposure, first, contact your supervisor and please contact Veronica Bryant, Emergency Preparedness and Outbreak Coordinator to report the exposure. EHSs must remain in self-quarantine for 14 days since last exposure, and should follow-up with healthcare provider if symptoms develop within the 14 day period.	