

COVID-19 (Coronavirus) Outbreak Response Plan

Drafted March 13, 2020



Objective: Develop an action plan for continuing essential City services during widespread infectious virus outbreaks.

Essential Employee Definition: Police, Fire, Water/Sewer, Payroll, IT and administration *Water/Sewer, Payroll and Administrative employees may be limited to essential duties.* **Non-Essential Employees:** All employees whom are not defined as essential.

Virus Response

Phase One – Preparation:

This phase involves putting in place all the policies and procedures, equipment, supplies, technology and training the City may need during a pandemic to maintain the highest possible levels of customer service to residents. Most organizations are in this phase with regard to the coronavirus (COVID-19). The City will complete the following actions during Phase One:

- Determine critical functions and roles, identify potential technology issues, and determine lines of authority (at least three staff deep) for each department head, manager and supervisory position.
- Produce contact lists with cell/home phone numbers and emails for all staff in each department and develop methods for sharing keys between back-up staff quickly and easily where such keys are needed to carry out essential functions.
- Determine back-up plans for critical functions which may include:
 - Cross-training staff
 - Having retirees on standby
 - Using former city employees
 - Contracting with outside agencies
- Purchase preventive supplies like gloves, disinfectant wipes, hand sanitizer and make readily available at various city sites.
- Determine policy changes which may be needed (such as clarifying supervisory authority to send ill employees home, no handshaking policy, etc.).

- Identify building security issues if city buildings are not staffed.
- Identify key staff who have authority to:
 - Approve overtime
 - Assign duties outside of an employee's job description
 - Approve leave; and hire temporary employees for up to thirty days.
- Adopt and disseminate a pandemic response plan.

Note: City Council and other meetings are likely going to be considered critical services that must be continued during a pandemic. Emergency management decisions and regular city business may still need to be conducted. The normal Open Meeting Law notice requirements apply when calling a regular, special or emergency meeting. All three of these types of meetings can be conducted via telephone or other electronic means if it is “not practical or prudent because of a health pandemic” to meet in-person. More on this special exception and the conditions can be found in Minn. Stat. 13D.021.

Phase Two - Intermediate to Full Response:

This phase occurs when the City Administrator/City Council conclude that a pandemic threat is sufficiently severe within the United States to be prepared for the possibility of staff, equipment and other shortages. During Phase Two, the City will complete the following actions:

- Implement preventive health measures and pandemic-related employment policies and notify employees they are in effect.
- Begin planning for the possibility of cancelling city events/ services.
- Notifying residents, businesses and other stakeholders of potential cutbacks in city services.

Note: Depending on the severity of the outbreak, some of these measures may be implemented gradually or not at all. For example, if few deaths are occurring and the virus is not more deadly or serious than a normal seasonal flu, the City will likely “stand ready” to implement measures but may choose not to implement the more drastic measures. Decisionmakers at the City should use advice from appropriate state and federal agencies, such as the Centers for Disease Control, the Minnesota Department of Health and the Department of Homeland Security to make decisions about full implementation of this phase.

Phase Three - Full Response:

This phase occurs when the City Administrator and Council have reason to believe a severe and widespread pandemic is imminent in the Midwest and Minnesota. During Phase Three, the City may complete the following actions:

- Cutting back on all non-critical city services and communicating with employees, residents and other stakeholders that the cutback is now in effect.
- Implement telecommuting or remote work policies for designated positions as appropriate and devote resources to most critical functions.
- Cancelling all employee travel and city events.
- Implementing back-up staffing plans as needed.

Note: As with Phase Two, full implementation of Phase Three will depend greatly on the severity of the virus strain and its impact on public health. Depending on the threat level, the City's decisionmakers may choose to skip Phase Two and immediately proceed to Phase Three.

Employee Policies and Information

Sick Leave Policy:

The City's policy on sick leave allows an employee to use sick leave "when you have been exposed to a contagious disease of such a nature that your presence at the work place could endanger the health of others with whom you would come into contact." It also allows use of sick leave to care for injured or ill children, spouses, fathers, mothers, sisters or brothers.

What to do if you feel ill:

At the first sign of illness, you should leave work immediately to avoid exposing coworkers and you should stay home until you are completely recovered, or the pandemic flu virus has been ruled out.

What to do if you've been exposed to the virus:

If you have been in contact with someone who is suspected of having the virus, you should report this information to your supervisor and stay home until the pandemic virus has been ruled out for the original contact person or for you or until you have recovered fully from the flu.

Note: The CDC's guidance for healthcare workers, including those involved in medical transports such as police/fire and ambulance is explained in further detail in a later section of this document. Such personnel may routinely come in contact with persons having flu-like symptoms. The risk associated with

any given transport will have to be evaluated on a case-by-case basis and in coordination with current knowledge about the prevalence of the virus in Minnesota. The city will continually check for updates on the risk levels in Minnesota.

When you can return to work:

You may be required to produce a physician's note stating that you may safely return to work, depending upon the availability of medical providers and the severity of the pandemic outbreak.

Supervisory authority to send ill employees home:

As always, supervisors have the authority to require an ill employee to leave the workplace, as a safety consideration for the health of other employees. While supervisors should not make judgments about a medical diagnosis, they may rely on symptoms to make a determination to send an employee home. Supervisors will rely on the best available information regarding the virus and its symptoms.

What will happen if your sick leave is exhausted:

If your sick leave runs out or is insufficient, you will first be required to use vacation, accrued compensatory time and applicable disability insurance. If you do not have any paid leave available through the City's paid leave programs, you will be considered for a special extended leave program which is only available during a pandemic. The special extended leave program allows employees to go into a negative sick bank balance if necessary; any negative sick bank hours shall be paid back as earned by the employee.

What will happen with your health insurance:

If you are eventually forced to use unpaid leave due to a pandemic related illness or complication thereof, the City will continue its share of all insurance benefits. (Refer to the City Personnel Policy and/or Union contracts regarding FMLA).

Mandatory Preventive Measures

Social Distancing:

- Maintain distance from those who are ill and under extreme conditions, from all other people in the workplace.
- Avoid touching your eyes, nose and mouth.
- Stay home when you are sick or have been exposed to someone who is sick.
- Discontinue handshaking as a greeting.
- Implement extended hand-washing method (at least 20 seconds with soap and water) after using the restroom, before eating and after blowing your nose, coughing or sneezing.

- Use hand sanitizer (at least 60% alcohol) as needed or when soap and water are not available.
- Use disinfectants to wipe down work surfaces at least twice per day or when a possible contamination has occurred (CDC guidance suggests businesses provide disinfectant wipes for commonly used surfaces such as doorknobs, keyboards, desktops and suggest employees be encouraged to wipe down surfaces after each use) Use cough and sneeze etiquette and dispose of tissues in trash cans.

Optional Preventive Measures

- Obtain a seasonal flu vaccine (can be done at any appropriate time).
- Follow the Centers for Disease Control recommendations for use of a facemask.

Note: The CDC currently recommends facemasks for those individuals who show symptoms of COVID-19 and those who are taking care of someone with COVID-19 in close settings (e.g., health care facilities or at home). Such individuals are not likely to be actively at work.

911 PSAP Protocols

Additional screening protocols for medicals, except non-breathing medicals, have been implemented in Scott County. The protocol will ask the following questions. All “yes” answers will be relayed over the radio.

- Do you (does the patient) have a fever?
- Do you (does the patient) have a cough?
- Do you (does the patient) have shortness of breath?
- Have you (did the patient) travel on any commercial flight or cruise in the past two weeks?
- Have you (did the patient) travel to any areas where COVID-19 is active?

Note: Scott County Public Health will be evaluating changes in responses to potential COVID-19 medicals.

CDC Recommendations for Law Enforcement and Fire

What Law Enforcement and Fire Department Personnel Need to Know about Coronavirus Disease 2019 (COVID-19):

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.

Patients with COVID-19 have had mild to severe respiratory illness.

- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby. Close contact may include:
 - Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
 - Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

To protect yourself from exposure

- If possible, maintain a distance of at least 6 feet.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Recommended Personal Protective Equipment (PPE)

Those who must make contact with individuals confirmed or suspected to have COVID-19 should follow [CDC's Interim Guidance for EMS](#). Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that

is at least as great as that provided by the minimum amount of PPE recommended. The minimum PPE recommended is:

- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement and fire personnel performing daily routine activities, the immediate health risk is considered low. Law enforcement leadership and personnel should follow [CDC's Interim General Business Guidance](#). Law enforcement may limit responses to non-emergency calls for service. The Police Chief shall have discretion within the Police Department regarding what types of non-emergency calls for service may be handled over the phone, in person, or through other communication methods as appropriate for purposes of limiting potential employee exposures to the virus. The Fire Chief shall have the same discretion for responses to non-emergency calls for service regarding the Fire Department.

Waste Water and Public Works Employees

The CDC guidance for wastewater employees is located on the OSHA Control Prevention website and includes the following:

- Coronaviruses are susceptible to the same disinfection conditions in the healthcare setting as other viruses, so current disinfection conditions in wastewater treatment facilities is expected to be sufficient. This includes conditions for practices such as oxidation with hypochlorite (i.e., chlorine bleach) and peracetic acid, as well as inactivation through the use of ultraviolet irradiation.
- There is no evidence to suggest that additional, COVID-19- specific protections are needed for employees involved in wastewater management operations, including those at wastewater treatment facilities. Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater, including

using the engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater.

References

1. Coronavirus Disease 2019 (COVID-19), *Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAP's) for COVID-19 in the United States*. Centers for Disease Control and Prevention, March 10, 2020.
2. Coronavirus Disease 2019 (COVID-19), *Interim Guidance for Businesses and Employers*. Centers for Disease Control and Prevention, March 4, 2020.

Coronavirus Disease 2019 (COVID-19)

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

Updated March 10, 2020

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
 - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Case Definition for COVID-19

CDC’s most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the public health response proceeds. PSAPs and medical directors can access CDC's PUI definitions [here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: CDC Quarantine Station Contact List) for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770) 488-7100 to be connected with the appropriate CDC quarantine station.

Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Precautions and use the PPE as described below. Recommended PPE includes:
 - N-95 or higher-level respirator or facemask (if a respirator is not available),
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.

Precautions for Aerosol-Generating Procedures

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.,
- EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
 - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.

- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Documentation of patient care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N [\[link\]](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or Patient with Confirmed COVID-19

EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) for additional information.
- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

EMS Employer Responsibilities

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of respiratory training videos [\[link\]](#).
- EMS units should have an adequate supply of PPE.

- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

Additional Resources

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>  .

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Coronavirus Disease 2019 (COVID-19)

Interim Guidance for Businesses and Employers

Plan, Prepare and Respond to Coronavirus Disease 2019

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

CDC Industry Guidance

- Resources for Airlines
- Resources for the Ship Industry

CDC Public and Private Partner Call for COVID-19 — March 4, 2020

Dr. Jay Butler, CDC's Deputy Director for Infectious Diseases and Senior Response Official for the COVID-19 response provided a situational update for CDC partners, including members of the private sector, public health organizations, universities, and clinical societies.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at www.cdc.gov/coronavirus/covid19.

Recommended strategies for employers to use now:

- **Actively encourage sick employees to stay home:**
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

- **Separate sick employees:**
 - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
 - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
 - Provide tissues and no-touch disposal receptacles for use by employees.
 - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
 - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
 - Visit the coughing and sneezing etiquette and clean hands webpage for more information.
- **Perform routine environmental cleaning:**
 - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
 - No additional disinfection beyond routine cleaning is recommended at this time.
 - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- **Advise employees before traveling to take certain steps:**
 - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
 - Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
 - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
 - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with state [↗](#) and local [↗](#) health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from potential exposures [↗](#) to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor's [↗](#) and the Equal Employment Opportunity Commission's [↗](#) websites).

- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per travel guidance on the CDC website.
 - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
 - Consider cancelling large work-related meetings or events.
- Engage state [↗](#) and local [↗](#) health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Resources for more information:

CDC Guidance

- [COVID-19 Website](#)
- [What You Need to Know About COVID-19](#) 
- [What to Do If You Are Sick With COVID-19](#) 
- [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings](#)
- [Health Alert Network](#)
- [Travelers' Health Website](#)
- [National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Planner](#) 
- [Coronavirus Disease 2019 Recommendations for Ships](#)

Other Federal Agencies and Partners

- OSHA Guidance: https://www.osha.gov/SLTC/novel_coronavirus/index.html [↗](#)