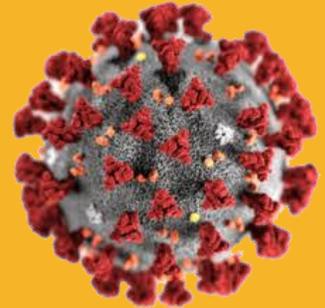




# TEAMSTERS SAFETY & HEALTH Coronavirus



## Emergency Medical Service (EMS) Information & Checklist Coronavirus (COVID-19, SARS- CoV-2)

### What is the Coronavirus?

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. The virus that causes COVID-19 (Coronavirus Disease) is called SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2). The virus spreads from person-to-person and has achieved “community spread” in several states within the US.

### Coronavirus

Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) are viral respiratory illnesses caused by a coronavirus.

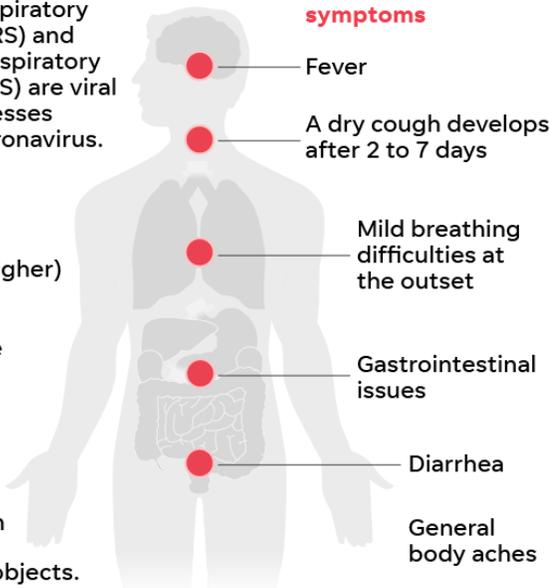
### Severe symptoms

- High fever (100.4°F or higher)
- Pneumonia
- Kidney failure

### Transmission

Coughs or sneezes from infected person or touching contaminated objects.

### Common symptoms



### Transmission

Coronaviruses are zoonotic, meaning they are transmitted between animals and people.

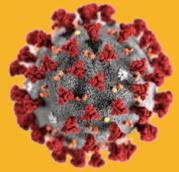


### Human-to-human transmission:

Coronaviruses are most commonly spread from an infected person by:

- Coughing and sneezing.
- Close personal contact, such as touching or shaking hands.
- Touching an object or surface with the virus on it, and then touching your mouth, nose, or eyes before washing your hands.
- Fecal contamination.

Source: WHO, CDC, Getty Images



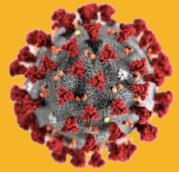
## General Preparation Checklist

**Please review this checklist to help take steps to plan and protect the health and safety of your staff and colleagues**

### **Administration & Logistics**

**Yes/No**

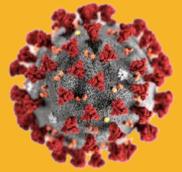
- Identify a pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning.
- Stay informed about the COVID-19 situation and school closures.
- Put your plans, policies, and strategies into action, as needed.
- Update staff, customers, and suppliers with information about how your business is responding to the pandemic.
- Establish a process to communicate information to employees on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- Are there COVID-19-prevention supplies in your workplace (soap, hand sanitizer with at least 60% alcohol, tissues, trash baskets, and disposable facemasks)?
- Are there flexible pandemic COVID-19 attendance and sick-leave policies? Workers may need to stay home when they are sick, caring for a sick household member, or caring for their children in the event of school dismissals. **Identify critical job functions and positions**, and plan for alternative coverage by cross-training staff (similar to planning for holiday staffing).
- Is there a method for monitoring and tracking COVID-19-related worker absences? Understand your usual absenteeism patterns at each worksite.
- Evaluate employee access to and availability of healthcare services during a pandemic and improve services as needed.



## Administration & Logistics Continued...

### Yes/No

- Can you identify space that can be used to separate sick people (if possible)? Designate a space for people who may become sick and cannot leave the workplace immediately. If possible, designate a nearby **separate bathroom just for sick people**. Develop a plan for cleaning the room daily. (The room or area where they are isolated from others in the workplace, limiting the number of people who have contact with the sick person, display warning signage, respiratory etiquette, and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.)
- Have you developed a risk-assessment and risk-management process for your workplace? Work closely with local public health officials to develop a contingency plan if assessing and managing risks among workers and those who come to your workplace is needed (for example, conducting health screenings for COVID-19-like symptoms). *Note: Your Human Resources Manager may want to review the current Employee Assistance Program (EAP) to ensure workers will have access to needed emotional and mental health services during and after a pandemic.*
- Plan ways to continue essential services if on-site operations are reduced temporarily. Provide Web-and mobile-based communication and services, if possible. Increase the use of email, conference calls, video conferencing, and web-based seminars.
- 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.
- Develop platforms (e.g. hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and customers inside and outside the worksite in a consistent and timely way, including redundancies in the emergency contact system.



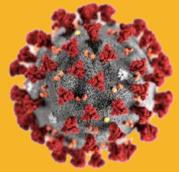
## Employee Protections in the Workplace

### Yes/No

- Do any employees who have symptoms of **acute respiratory illness 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.
- Consistently practice social distancing. Plan ways to increase space between people to **at least 3 feet or limit face-to-face contact between** workers and those who come to the workplace. Several ways to do this include offering workers the option to **telework, creating reduced or staggered work schedules, spacing workers farther apart, and postponing non-essential meetings and travel.**
- Place reminders on **Cover coughs and sneezes with a tissue** (or an elbow or shoulder if no tissue is available).
- Place reminders on **Maintain hand hygiene**
- Place reminders on **Avoid touching your eyes, nose, and mouth**
- Clean surfaces frequently

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.

Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.



## **Additional Measures in Response to Sporadic Importations of COVID-19:**

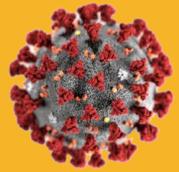
### **Yes/No**

- Do employees who are well but who have a sick family member at home with COVID-19 know how to notify their supervisor? The employee should refer to CDC guidance for how to conduct a risk assessment of their potential exposure risk.
- Is there a plan to inform employees of a possible 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.

## **Travel Considerations**

### **Yes/No**

- Review your process for **planning workplace events**. Identify actions to take if you need to temporarily postpone or cancel events.
- 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.
- 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 manner.



**Yes/No**

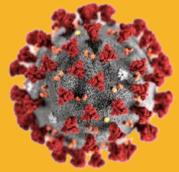
- Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

**Emergency Medical Service Provider Checklist**

**Personal Protective Equipment**

**Yes/No**

- If information is known 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
- 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, Contact, and Airborne Precautions, including the use of eye protection.
- Recommended PPE includes:
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
  - Disposable isolation gown,
  - Respiratory protection (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).
- 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) should be followed.

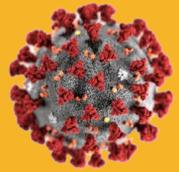


- In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (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.

## Patient Assessment

### Yes/No

- If information is known 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
- If information about potential for COVID-19 has not been provided by the 911 Emergency Call Center or Emergency Medical Dispatch (EMD) center, 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 above 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.



## Yes/No

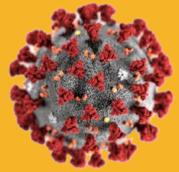
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

## Transport of a Patient Under Investigation (PUI) or Patient Confirmed with Confirmed COVID-19

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 Emergency Medical Service (EMS) medical direction), the following CDC recommended actions should occur during transport.

## Yes/No

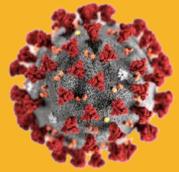
- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Family members and other contacts of patients with possible 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.)
- 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.
- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- 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 an EMS Transport Vehicle after Transporting a Patient Confirmed with Confirmed COVID-19

### Yes/No

- 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.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim: [Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- 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.



## Yes/No

- 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 Patient Under Investigation (PUI) or Patient with Confirmed COVID-19

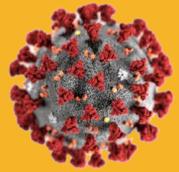
### Yes/No

- 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.
- 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 Employer Responsibilities

### Yes/No

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- All EMS clinicians should be provided with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.



## Yes/No

- 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.
- EMS units should have an adequate supply of PPE. Anticipation of above average usage should be taken into consideration.
- 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.

## References

1. Pandemic Flu Checklist: Workplace Administrators, CDC.
2. Business Pandemic Influenza Planning Checklist, CDC.
3. Get Your Workplace Ready for Pandemic Flu, 2017. Atlanta, GA: Community Interventions for Infection Control Unit, Division of Global Migration and Quarantine, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, April 2017.
4. Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020, CDC
5. Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States. February 15, 2020.