DELAWARE VALLEY WORKERS' COMPENSATION TRUST

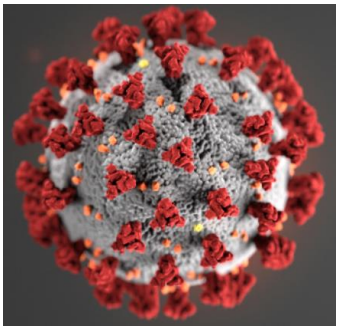
# Risk Alert: COVID-19 Infection Prevention Guidelines

**(Updated: April 7, 2020)**

***This Risk Alert updates prior guidance for public employees and volunteers on how to protect against potential exposure to COVID-19. The guidance for police officers and medical first responders has not changed. The prior Risk Alert dated March 18, 2020 should be deleted.***

- ***Pages 1 and 2 apply to all public employees and volunteers. (Updated)***
- ***Attachment 1 found on page 3 contains additional guidelines for all police officers.***
- ***Attachment 2 found on page 5 provides additional guidelines for all medical first responders such as EMS as well as police officers and firefighters who provide medical first response services.***

This risk alert has been developed for public employees and volunteers, including emergency responders likely to encounter COVID-19 infected individuals. The guidelines applicable to the general population have been summarized from several primary sources. The guidelines for emergency responders have been reproduced in their entirety given their critical nature. While these recommendations were current as of the date of issuance, Trust participants should periodically monitor the U.S. CDC website for possible changes as more is learned about the viral outbreak.



Nature of Threat:

- COVID-19 is a viral pathogen that can cause mild to severe respiratory illness including death.
- Symptoms consist of fever, cough and shortness of breath, which may appear 2 to 14 days after being exposed.
- The virus is thought to spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes.
- A significant portion of individuals with COVID-19 lack symptoms and even those who eventually develop symptoms can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms.
- The objective of infection prevention is to avoid the circumstances that spread the virus.

General Infection Prevention Guidelines for All Employees and Volunteers:

The following infection prevention guidelines apply to all public employees and volunteers:

- Distance yourself from others and especially avoid contact with those who appear to be ill. Whenever practical, implement social distancing and maintain at least six feet from other individuals.
- Wear a cloth face covering when in public settings (such as food stores) where social distancing measures are difficult to maintain. Cloth face coverings should not be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Wash the cloth face coverings frequently (e.g., weekly). Note: cloth face coverings are not surgical masks or N-95 respirators. These should be reserved for healthcare workers and other medical first responders per the CDC. Guidance on assembling a cloth face covering from household materials can be found at the CDC website: www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html?deliveryName=USCDC_2067-DM25135.


719 DRESHER ROAD | HORSHAM, PA 19044-2205 | PHONE: (215) 706-0101 | FAX: (215) 706-0895 | WWW.DVTRUSTS.COM

# Risk Alert: COVID-19 Infection Prevention Guidelines (cont.)

- Avoid social gatherings of more than 10 people. Avoid non-essential travel as well as trips to public venues such as schools, commercial establishments and eat-in restaurants.
- If you feel sick – stay home. Do not go to work. If your children are sick, keep them home. Do not send them to school. If someone in your household has tested positive for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. In all cases, contact your medical provider for guidance.
- Clean your hands often. Use soap and water. When washing your hands, rub them together briskly for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not available, use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands with the hand sanitizer and rub them together briskly until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover coughs and sneezes. Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. After touching used tissues, immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with a hand sanitizer that contains at least 60% alcohol as previously described.
- Wear a facemask if you are sick. (These is the loose-fitting mask traditionally worn by surgeons). You should wear the facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes. The people who are caring for you should wear a facemask if they enter your room.
- Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean any visible soil first with detergent or soap and water. Follow with a surface disinfectant.
- Only use EPA-approved surface disinfectants appropriate for the cleaning application. For a list of approved products, visit: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. Diluted household bleach and 70% or better alcohol solutions have also been determined to be effective against COVID-19 on surfaces.

| Options for Disinfecting COVID-19 on Surfaces | |
|---|---|
| Diluted unexpired household bleach solution. Mix 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water | Alcohol solutions of at least 70% alcohol. |

**Attachment 1 contains Additional Guidelines for All Law Enforcement**

**Attachment 2 contains Additional Guidelines for 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**

Sources:

The White House. "The President's Coronavirus Guidelines for America," *The White House,* March 16, 2020, https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

U.S. CDC. "Coronavirus (COVID-19)," *U.S. Department of Health and Human Services*, March 17, 2020, https://www.cdc.gov/coronavirus/2019-nCoV/index.html.

# Risk Alert: COVID-19 Infection Prevention Guidelines (cont.)

U.S. CDC. "Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States," *U.S. Department of Health and Human Services*, March 10, 2020, https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html.

U.S. CDC. "What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)," *U.S. Department of Health and Human Services*, March 14, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html.

U.S. CDC. "Use of Cloth Face Coverings to Help Slow the Spread of COVID-19," *U.S. Department of Health and Human Services*, April 4, 2020, www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html?deliveryName=USCDC_2067-DM25135.

U.S. EPA. "List N: Disinfectants for Use Against SARS-CoV-2," *U.S. EPA*, March 13, 2020, https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

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For questions regarding this Risk Alert, please contact the Trust's Risk Control Department at 215-706-0101.

## Attachment 1

## What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)

(Source: U.S. CDC)

**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.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- 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.
- 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)**

Law enforcement 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); Facemasks are an acceptable alternative until the supply chain is restored, 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 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.**

## Attachment 2

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

(Source: U.S. CDC)

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

**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.pdfpdf icon).

- 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 Nexternal icon 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 videosexternal icon.

- 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