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| **Title:** ***Preventing the Spread of COVID-19*** – *Guidance for County, Municipalities, & Schools* | |
| **Document Type:** *Guidance* | |
| *York County Office of Emergency Management* | Created: 3/23/2020<br>Revised:<br>Reviewed: |
| Approved:<br>Chuck Haynes, Director | Date: March 23, 2020 |

## I. Purpose

The outbreak of the SARS-CoV-2 virus has led to a pandemic of the COVID-19 disease process. This pandemic started in Wuhan, China and quickly spread throughout the world. The United States has seen the disease spread at an alarming rate. While the spread has become rampant, the death rate still remains low, citing deaths of a specific demographic. Deaths are noted in those of advanced age (65+) and those with significant cardiac, respiratory, immunocompromised, or diabetic histories. The concern with the spread of this virus is the impact it will have on the healthcare system. As those predisposed to serious implications from COVID-19 contract the virus, they will begin to overwhelm Emergency Departments and Intensive Care Units, of which normally operate on a daily basis at near max capacity. To add to the complexity of this situation, Personal Protective Equipment (PPE), specifically for respiratory protection, is in limited amount, with many distributors warning of a multi-week back order. With this in mind, we must be prudent and tactful with our use of PPE. This involves finding the appropriate balance of when and when not to use certain PPE. York County is committed to ensuring the safety of our county, municipal, and school employees, as well as our citizens. The following policy strives to keep all county, municipal, and school employees' safe while in this time of uncertainty due to the COVID-19 spread.

## II. Background & Recommendations

COVID-19 is a disease process caused by the SARS-CoV-2 virus that attacks the respiratory tract. It is spread from person to person when they are in close contact with each other, the Centers for Disease Control and Prevention (CDC) cites close contact as within six (6) feet. It is spread by respiratory droplets when an infected person sneezes or coughs; simply being in the same vicinity (breathing the same air) of a person who is infected will not facilitate the spread of the virus. Spread of COVID-19 is primarily associated with those who are showing symptoms of having the illness. While there have been cases of asymptomatic patients (those showing no signs or symptoms of being infected), they are the exception and are considered rare. The virus can also be spread by contact with surfaces, however, there is still little

known on the life of the virus after it has left its host (how long it can live outside of a human body). Symptoms of COVID-19 include:

- Fever
- Cough (typically a dry cough)
- Shortness of Breath

The CDC recommends a multi-facetted approach to preventing the spread of the disease. The first recommendation is Social Isolation and avoiding close contact with those potentially infected. This can be achieved by maximizing distance between essential employees who are needed to continue work and between said employees and the general public.

The CDC also recommends the use of engineering controls to limit exposure. This can be done by the use of technology or other means. An example of this would be to shift as many functions and processes online or by telephone. If this is not possible, i.e. – a customer wants to pay a bill in cash, then the use of a teller window, with the cash recipient wearing gloves and immediately washing their hands after the transaction.

Finally, the CDC recommends the use of Personal Protective Equipment (PPE). This becomes a two part process. First is to have the possibly infected person wear a surgical (non N-95) mask. Having the ill person wear a mask has been proven to be drastically more effective than a non-ill person wearing one. The second part would be for those having to interact with possibly ill persons to wear PPE. This will be contingent on the role in which they play in the interaction.[1]

## III. Guidance for Limiting the Exposure and Spread of COVID-19

a. At a minimum, gloves should be worn when interacting with a potentially ill person

b. Gloves, Mask, and Eye Protection should be worn whenever interacting with a possibly ill person & within six (6) feet of said person

c. N-95 Masks should only be worn by those who have gone through an OSHA approved fit test and can provide paperwork signifying a "Pass" on the fit test.

d. If an N-95 mask is worn and the patient is not deemed at risk for having COVID-19, the mask may be stored in a paper bag and worn again; if the patient is at risk for COVID-19, then the mask should be disposed of in a marked "Biohazard" container.

[1] First Responders and Healthcare Providers (HCPs) have been given their own guidance for limiting exposure.

e. Upon completion of interaction activities, all personnel are to thoroughly wash their hands and arms using warm water and soap; scrubbing with soap for a minimum of 20 seconds.
    1. All equipment and surfaces that the person may have come in contact with should be cleaned with 1:10 Bleach or other CDC/EPA approved COVID-19 disinfectant; Surfaces should be left to air dry and not used until fully dry
    2. When cleaning any equipment or surfaces after interaction with a potential COVID-19 person, gloves, eye protection, and a surgical (non N-95) mask should be worn; upon completion, the cleaners hands should be thoroughly washed as described above

f. All County, Municipalities, and Schools should place a primary focus on limiting exposure by means other than being fully reliant on PPE (i.e. - increasing distance from person, using isolation practices, etc.).

g. Until there is a more definitive timeline on receiving PPE, specifically N-95 masks, all use of N-95 masks by Non-EMS Medical Responders (Fire Departments, Law Enforcement, Rescue Squads, etc.) will need to be reported to York County Office of Emergency Management.[2]
    1. This will be done by tracking N-95 supply by hardcopy (paper) and daily reporting by email or phone call. (Email and phone call information can be found on the N-95 Tracking Form)
    2. The number of masks used, the date, and run number will need to be reported
    3. This is imperative for tracking, redistribution, and financial purposes

## IV. Exposure

a. Should county, municipal, or school employee be exposed to a person with active COVID-19 activities for monitoring of the person will vary based on the situation. The following will provide an outline and understanding of what will occur should an employee come into contact with a COVID-19 patient. *While a vast array of scenarios will be covered, there will always be exceptions; all exposures will be addressed on a case by case basis.*
b. Immediately following the potential exposure, State and local public health and emergency management authorities should be notified.
c. Contingent upon the interaction, exposure controls taken, and PPE worn, a plan for monitoring the employee will be developed. Simple interaction with a potential COVID-19 person WILL NOT warrant isolation nor quarantine.
d. Definitions (From CDC.gov)[3]:

[2] This is specific to those who have received PPE supplies from the York County Office of Emergency Management

[3] This will use "Health Care Provider (HCP)", however, this model will can be used, and in most cases will be used for County, Municipal, and School Employees

i. *Self-monitoring* means Health Care Provider (HCP) should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

ii. *Active monitoring* means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). For HCP with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

   For HCP, active monitoring can be delegated by the health department to the HCP's healthcare facility occupational health or infection control program, if both the health department and the facility are in agreement. Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

iii. *Self-Monitoring with delegated supervision* in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility's occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

   Occupational health or infection control personnel should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments of authority in the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat) during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a designated hospital, if medically necessary, with advance notice if fever or respiratory symptoms occur. The supervising organization should remain

in contact with HCP through the self-monitoring period to manage self-monitoring activities and provide timely and appropriate follow-up if symptoms occur in a HCP. Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

e. Defining Exposure Risk Category

i. *High-risk* exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered high-risk.

ii. *Medium-risk* exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

iii. *Low-risk* exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

f. Table 1 – Responder Exposure and Response

| Epidemiologic risk factors | Exposure category | Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)* | Work Restrictions for Asymptomatic HCP |
|---|---|---|---|
| **Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)** | | | |
| HCP PPE: None | Medium | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing a facemask or respirator | Medium | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing eye protection | Low | Self with delegated supervision | None |
| HCP PPE: Not wearing gown or gloves | Low | Self with delegated supervision | None |
| HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) | Low | Self with delegated supervision | None |
| **Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)** | | | |
| HCP PPE: None | High | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing a facemask or respirator | High | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing eye protection | Medium | Active | Exclude from work for 14 days after last exposure |
| HCP PPE: Not wearing gown or gloves | Low | Self with delegated supervision | None |
| HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) | Low | Self with delegated supervision | None |

g. Additional Scenarios
   i. Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
   ii. HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient's secretions or excretions; entering the patient room immediately after the patient was discharged.
   iii. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.

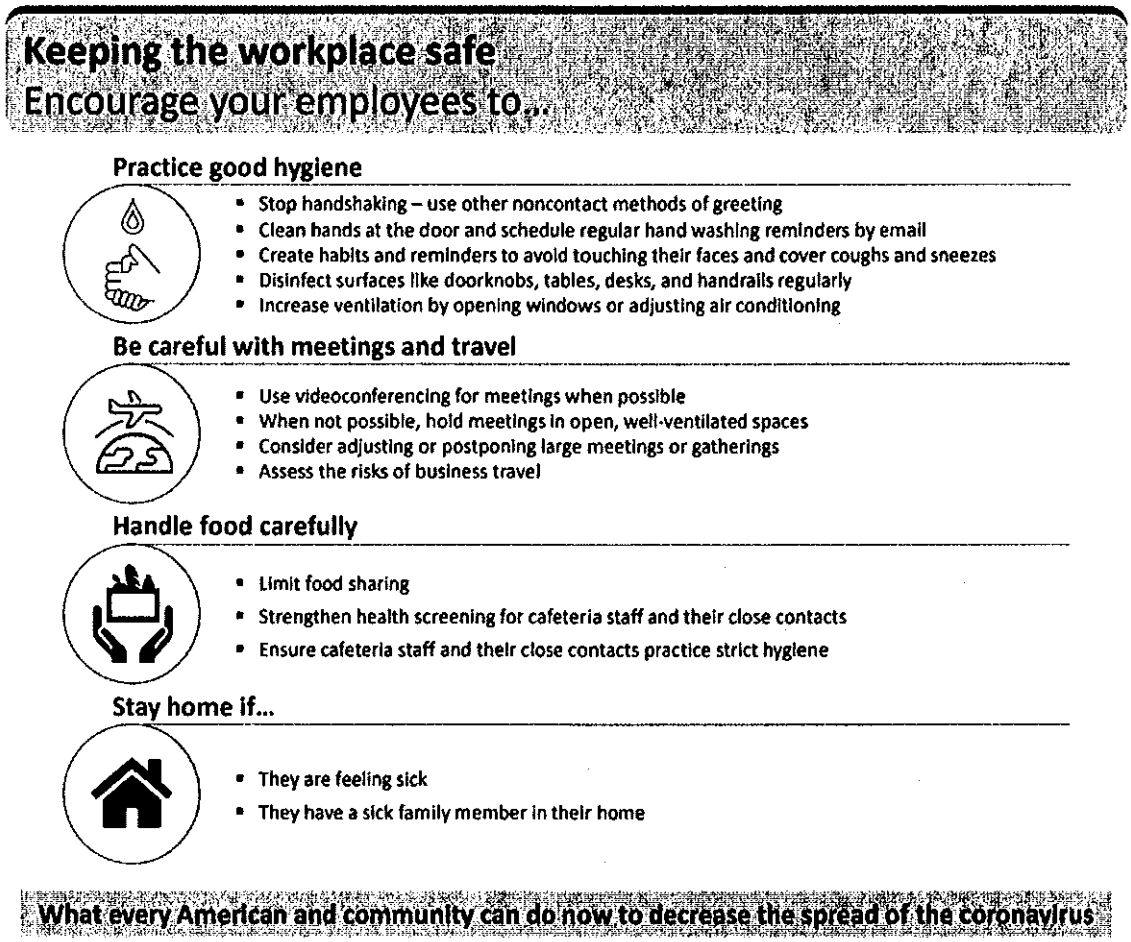
h. Further guidance can be found at the below links:
   i. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
   ii. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

iii. https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf
iv. https://www.scdhec.gov/sites/default/files/Library/CR-012593.pdf

## V. Further Guidance

a. Further guidance can be found through the following sources:
   i. SC Department of Health and Environmental Control
      1. https://www.scdhec.gov/
   ii. Centers for Disease Control and Prevention
      1. https://www.cdc.gov/coronavirus/2019-ncov/index.html
   iii. Johns Hopkins University
      1. https://coronavirus.jhu.edu/

## VI. Visuals for Use



## Keeping the school safe
## Encourage your faculty, staff, and students to...

### Practice good hygiene

- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Consider rearranging large activities and gatherings

- Consider adjusting or postponing gatherings that mix between classes and grades
- Adjust after-school arrangements to avoid mixing between classes and grades
- When possible, hold classes outdoors or in open, well-ventilated spaces

### Handle food carefully

- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

### Stay home if...

- They are feeling sick
- They have a sick family member in their home

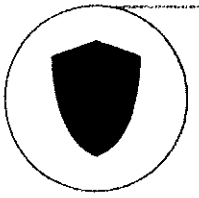
**What every American and community can do now to decrease the spread of the coronavirus**

## Keeping the home safe
## Encourage your family members to...

### All households

- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their face and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Households with vulnerable seniors or those with significant underlying conditions



*Significant underlying conditions include heart, lung, kidney disease; diabetes; and conditions that suppress the immune system*

- Have the healthy people in the household conduct themselves as if they were a significant risk to the person with underlying conditions. For example, wash hands frequently before interacting with the person, such as by feeding or caring for the person
- If possible, provide a protected space for vulnerable household members
- Ensure all utensils and surfaces are cleaned regularly

### Households with sick family members

- Give sick members their own room if possible, and keep the door closed
- Have only one family member care for them
- Consider providing additional protections or more intensive care for household members over 65 years old or with underlying conditions

**What every American and community can do now to decrease the spread of the coronavirus**

## Keeping commercial establishments safe
## Encourage your employees and customers to..

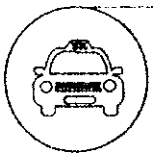
### Practice good hygiene

- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door, and schedule regular hand washing reminders by email
- Promote tap and pay to limit handling of cash
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Avoid crowding

- Use booking and scheduling to stagger customer flow
- Use online transactions where possible
- Consider limiting attendance at larger gatherings

### For transportation businesses, taxis, and ride shares



- Keep windows open when possible
- Increase ventilation
- Regularly disinfect surfaces

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