BOILING SPRINGS FIRE DISTRICT COVID-19 PROTOCOLS

A Supplement to BSFD SOG #3206
BSFD SOG #3206 which was approved on October 4, 2020 by: Chief Stephen Graham
These protocols were created on October 22, 2021 by: Asst. Chief Don Alleckson
Endorsed on November 9, 2021 by: Chief Stephen Graham
Updated on December 30, 2021 by: Asst. Chief Don Alleckson

References for these protocols are: BSFD SOG #3206, The Centers for Disease Control, and the SC Department of Health & Environmental Control (DHEC)

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Introduction

This document is an abridged compilation of the information presented in SOG #3602 and as of printing, the most recent guidelines published by the Center for Disease Control (CDC) relevant to existing and functioning in a COVID-19 pandemic society. It does not contain all the materials in the existing SOG or is it meant to replace the SOG as the SOG is largely the County's Response Contingency Plan and Continuity of Operations Plan. This document is a supplemental set of protocols for addressing specific situations related to the COVID-19 pandemic.

Purpose

During a pandemic, it may be necessary to make decisions regarding how to approach the effects of the pandemic on our people, operations, facilities, and resources. It goes without saying that an increase in demand will occur and resources may decrease. As in triage at a Mass Casualty Incident (MCI), the goal of our approach to a pandemic must be to maximize the use of available resources and provide reasonable help to the greatest number of people. It begins with protecting and managing our assets responsibly.

While compassion and caring are always appropriate, it is imperative that we do not allow these natural, human feelings to cloud our judgment in making treatment and / or resource decisions. If resources are limited, the decisions we make in the field have implications beyond that of the individual patient. Subverting these protocols could potentially threaten the entire medical system as well as our own operational readiness.

Scope

All department members should be cognitive to the facts that a pandemic outbreak could cause a staffing shortage of employees as well as an increase in pre-hospital run volume for the Greenville County Emergency Medical Services (GCEMS) and subsequently Greenville County fire departments. The objective of these COVID protocols is to mobilize the resources of the Boiling Springs Fire District to an elevated level. This requires a commitment to prehospital care beyond normal daily medical first-response and basic life support (BLS)capabilities and operations.

The Boiling Springs Fire District shall be a supportive participant in the mobilization of resources in Greenville County to the elevated level an adopts the CDC recommended practices incorporated within the Greenville County Fire Chief's Association Guidelines and Plan.

Regarding the DELTA Variant

Delta is currently the predominant strain of the virus in the United States. New data shows that the Delta variant is more infectious and has increased transmissibility when compared to other variants, even in vaccinated individuals. The Delta variant causes more infections and spreads faster than early forms of SARS-CoV-2.

- The Delta variant is more contagious
- Some data suggests the Delta variant might cause more severe illness than previous strains in unvaccinated people.
- Unvaccinated people remain the greatest concern.
- Fully vaccinated people with Delta variant breakthrough infections can spread the virus to others. However, vaccinated people appear to be infectious for a shorter period.

Regarding the Omicron Variant

Given what we currently know about COVID-19 and the Omicron variant, CDC is shortening the recommended time for isolation for the public. People with COVID-19 should isolate for 5 days and if they are asymptomatic or their symptoms are resolving (without fever for 24 hours), follow that by 5 days of wearing a mask when around others to minimize the risk of infecting people they encounter. The change is motivated by science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after.

Additionally, CDC is updating the recommended quarantine period for anyone in the general public who is exposed to COVID-19. For people who are unvaccinated or are more than six months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC now recommends quarantine for 5 days followed by strict mask use for an additional 5 days. Alternatively, if a 5-day quarantine is not feasible, it is imperative that an exposed person wear a well-fitting mask at all times when around others for 10 days after exposure. Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure. For all those exposed, best practice would also include a test for SARS-CoV-2 at day 5 after exposure. If symptoms occur, individuals should immediately quarantine until a negative test confirms symptoms are not attributable to COVID-19.

Isolation relates to behavior after a confirmed infection. Isolation for 5 days followed by wearing a well-fitting mask will minimize the risk of spreading the virus to others. Quarantine refers to the time following exposure to the virus or close contact with someone known to have COVID-19. Both updates come as the Omicron variant continues to spread throughout the U.S. and reflects the current science on when and for how long a person is maximally infectious. These recommendations do not supersede state, local, tribal, or territorial laws, rules, and regulations, **nor do they apply to healthcare workers for whom CDC has updated guidance.**

Precautions that can be taken to help prevent contracting the SARS-CoV-2 virus (COVID-19)

- Get vaccinated
- Stay 6 feet away from others when it is not necessary to be in close contact
- Avoid crowds and poorly ventilated spaces
- Wash your hands often with soap and water or commercial hand sanitizer
- Cover coughs and sneezes
- Clean and disinfect
- Monitor your health daily

Patient Assessment and Care

The CDC currently identifies several areas of PPE which should be worn when directly interacting with known or suspected COVID-19 patients:

- **Masks/Respiratory Protection:** Any EMS clinician coming into close contact with a known or suspected COVID- 19 patient should wear a facemask. An N95 mask is ideal; however massive global demand for N95 masks likely will lead to shortages. In cases when N95 masks are unavailable, Fire and EMS personnel should wear a surgical mask at a minimum. All suspected COVID-19 patients also should be given a surgical mask.

- **Eye Protection:** EMS clinicians should wear a disposable face shield, goggles, or other protection which covers the front and sides of the face. Glasses and contact lenses *are not considered adequate* eye protection.

- **Gloves/Gowns:** EMS clinicians should wear a single pair of disposable gloves and a disposable gown. Shortages of gowns also are possible. When these occur, disposable gowns should be reserved for wear when performing aerosolizing procedures, physically transferring patients to/from a cot, and other high-contact patient care activities

Important Definitions

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease, by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children; thus, hypoxia should be the primary criterion to define severe illness, especially in younger children.

Fever: For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]). The guidance uses the benchmark of a fever of 100.4°F or higher as a symptom, to be considered fever free is to have a body temperature of less than 100.0°F.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by CDC/NIOSH, including those intended for use in healthcare.

Quarantine vs. Isolation

1. You **quarantine** when you might have been exposed to the virus.

2. You **isolate** when you have been infected with the virus, even if you don't have symptoms.

Taking Care of Personnel in Response to COVID-19 Situation

You DO NOT feel well and are displaying ANY of the below listed symptoms:

- Fever of 100.4 F or higher
- Chills
- Cough
- Shortness of Breath or Difficulty Breathing
- Fatigue
- Muscle or Body Aches

- Headache
- New loss of Taste or Smell
- Sore Throat
- Congestion or Runny Nose
- Nausea or Vomiting
- Diarrhea

Stay home. Symptoms may present from mild to severe and may take 2 -14 days to appear after an exposure to the virus. People who fit the above description may have COVID-19. They should immediately separate themselves from others and be tested as soon as possible. If the test comes back Negative, it is highly likely you are experiencing some other illness other than COVID and should be treated and managed in compliance with the directions of your Health Care Provider.

If you experience this while at work, notify your supervisor without delay.

You are SICK and have tested Positive for COVID-19.

Individuals who are SICK and test positive for COVID-19 need to be Isolated from those who are not infected. Isolation involves staying at home for mild cases or in the hospital for severe cases until it is safe to be around others. At home, anyone who is sick or infected should be separated from others, stay in a specific "sick room" or area of the house, and use a separate bathroom (if available).

During Isolation:

- Monitor your symptoms. If you have any of the below emergency warning signs seek emergency medical care immediately.

    Emergency Warning Signs:

    - Trouble Breathing
    - New Confusion
    - Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

    - Persistent Pain or Pressure in the Chest
    - Inability to Wake or Stay Awake

- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- WEAR A MASK when around other people if able.

You have been Exposed or Possibly Exposed to Someone with COVID-19
 (Someone who has produced a Positive result from a recent test less than 10 days past).

Potential Exposure resulting from casual contact with a crowd setting
(*For the General Public including Conferences, Classes, Training Sessions, Seminars*)

You have been notified that someone within a group of people you frequented has tested positive for COVID-19. Unless you can verify with certainty you meet the criteria of an exposure as defined below and you are asymptomatic, as a precaution you should self-monitor for any signs or symptoms of COVID-19 appearing up to 14 days after the possible exposure. If you begin to recognize signs of COVID-19 symptoms, start an official quarantine, and see your healthcare provider for evaluation and testing immediately.

the definition of close contact. it is defined as: a)

Exposure for this guidance is defined as close contact with someone who has COVID-19, unless the individual exposed has been fully vaccinated and boosted. Close contact is defined as being within 6 feet of a person with confirmed SARS-CoV-2 infection or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly when exposures occur over prolonged periods of time in indoor areas with poor ventilation. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period.

These individuals need to be quarantined. When exposure has occurred, even if the individual remains asymptomatic, quarantine must still take place.

The quarantine and work restrictions options for HCP are described below:

A. **Higher-risk Exposure**: HCP who had prolonged close contact with a patient, visitor, or other HCP with confirmed SARS-CoV-2 infection

HCP who have received all COVID-19 vaccine and booster doses as recommended by CDC:

- In general, no work restrictions.
- Perform SARS-CoV-2 testing immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5-7 days after the exposure.
- Follow all recommended infection prevention and control practices, including wearing well-fitting face mask, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact to arrange for medical evaluation and testing.

HCP who are unvaccinated or have not received all COVID-19 vaccine and booster doses as recommended by CDC:

Option 1:
- Exclude from work. HCP can return to work after day 7 following the exposure (day 0) if a viral test is negative for SARS-CoV-2 and HCP do not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays).

Option 2:
- Exclude from work. HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare employer could consider testing for SARS-CoV-2 within 48 hours before the time of planned return.

In addition to Options above:
- Follow all recommended infection prevention and control practices, including wearing well-fitting face mask, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact to arrange for medical evaluation and testing.

B. **Lower-risk Exposure**: HCP with exposure risk other than those described as higher-risk above.

HCP who have received all COVID-19 vaccine and booster doses as recommended by CDC:

- No work restrictions or testing.
- Follow all recommended infection prevention and control practices, including monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill.
- Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact to arrange for medical evaluation and testing.

HCP who are unvaccinated or have not received all COVID-19 vaccine and booster doses as recommended by CDC:

- No work restrictions or testing.
- Follow all recommended infection prevention and control practices, including monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill.
- Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact to arrange for medical evaluation and testing.

Follow Critical Infrastructure Workers who are not symptomatic guidance.

Employers may consider allowing exposed and asymptomatic critical infrastructure workers to continue to work in select instances when it is necessary to preserve the function of critical infrastructure workplaces. This option should be used as a last resort and only in limited circumstances, such as when cessation of operation of a facility may cause serious harm or danger to public health or safety.

In such instances:

- Employers are encouraged to work with state, tribal, local, and territorial public health officials in managing the continuation of work in a way that best protects the health of their workers and the general public.
- Critical infrastructure workers may be permitted to continue work following exposure to a person with suspected or confirmed COVID-19 provided they remain asymptomatic and have not tested positive. Additionally, the following risk mitigation precautions should be implemented prior to and during the work shift:
    o **Pre-Screen:** Encourage employees planning to enter the workplace to self-screen at home prior to coming onsite. Employees should not attempt to enter the workplace in any of the following are present: symptoms of COVID-19; temperature equal to or higher than 100.4 F, or are waiting for the results of a viral test.
    o **Screen at the Workplace:** Employer should conduct an on-site symptom assessment, including temperature screening, prior to each work shift. Ideally, screening should happen before the individual enters the facility.
    o **Regular Monitor:** As long as the employee doesn't have a fever or symptoms, they should self-monitor under the supervision of their employer's occupational health program or their workplace COVID-19 coordinator or team.
    o **Wear a Cloth Mask:** Ensure all employees wear a cloth mask in accordance with CDC and OSHA guidance and any state or local requirements.
    o **Social Distance:** Employee should stay at least 6 feet apart from others and practice social distancing as work duties permit in the workplace.
    o **Clean and Disinfect Workplaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, and shared equipment routinely.

Fully vaccinated people with no COVID-like symptoms following an exposure to someone with suspected or confirmed COVID-19

- Recently fully vaccinated and boosted people who have come into close contact with someone with COVID-19 should wear a mask around others for 10 days and be tested on the 5th day following the date of their exposure if possible. If symptoms develop, get tested and stay home.

- Fully vaccinated for greater than 6 months and non-boosted people should stay home for 5 days. After that continue to wear a mask around others for 5 additional days. If unable to quarantine, a mask must be worn for 10 days. A test should be conducted on the 5th day if possible. If symptoms develop, get tested and stay home. and wear a mask in public indoor settings for 14 days or until they receive a negative test result. They should isolate if they test

positive. Fully vaccinated people who live in a household with someone who is immunosuppressed, at increased risk of severe disease, or unvaccinated (including children <12 years of age) could also consider masking at home for 14 days following a known exposure or until they receive a negative test result. Most fully vaccinated people with no COVID-like symptoms do not need to quarantine or be restricted from work following an exposure to someone with suspected or confirmed COVID-19, if they follow the testing and masking recommendation above.

- Fully vaccinated people should monitor for symptoms of COVID-19 for 10 days following an exposure.

What is Fully Vaccinated

In general, people are considered fully vaccinated against COVID-19:

- 2 weeks after their second dose in a 2-dose series, such as the Pfizer-BioNTech or Moderna vaccines, or
- 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine (*Note: This vaccine is no longer recommended by the CDC*)

Boosted

Fully vaccinated individuals who have also received the appropriate booster vaccine.

You have tested positive for COVID-19 and show NO symptoms, asymptomatic.

(General Public regardless of vaccination status)

You must isolate for a minimum of 5 days after your viral test. If you remain symptom free or your symptoms are resolving after 5 days, you can leave your house. Continue to wear a mask around others for an additional 5 days. (this completes the 10-day monitoring period).

Physical, Mental, and Behavioral Health Concerns

Regardless of the location, the mental stress that a quarantine or isolation may place on an individual should be considered. If quarantine or isolation are implemented fire department employees effected should be routinely contacted throughout the day to assess their physical symptoms as well as to address any mental or behavioral health concerns which arise during the quarantine or isolation. The use of a peer support, chaplain, or critical incident stress management team may be especially helpful in monitoring and addressing mental and behavioral health concerns of individuals in quarantine or isolation.

Routine monitoring of an employee's physical health symptoms also is important as they may need medical attention if symptoms develop. The use of phone and/or video conferencing systems to assess the health of quarantined/isolated individuals should be considered.

Return to Work Criteria for HCP with SARS-CoV-2 Infection
(As of: December 23, 2021)

The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work. After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Either an antigen test or nucleic acid amplification test (NAAT) can be used . Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

Individuals who remained asymptomatic throughout their infection and are not severely immunocompromised:

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.

Individuals who experience mild to moderate illness and who are not severely immunocompromised:

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) have passed *since symptoms first appeared,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.

Individuals with severe to critical illness or who are severely immunocompromised:

- In general, when 20 days have passed *since symptoms first appeared,* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and**
- Symptoms (e.g., cough, shortness of breath) have improved.
- The test-based strategy as described for moderately to severely immunocompromised HCP below can be used to inform the duration of isolation.

HCP who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

Test Based Strategy

The Test Based Strategy for determining if an employee is cleared to return to work is not recommended because, in the majority of cases, it results in excluding employees from returning to work who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- Resolution of fever without the use of fever-reducing medications, **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

HCP who are not symptomatic:

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

Crew Exposure within a Fire Station

It is paramount that we ensure the safety and wellness of our employees and take the appropriate precautions when a case of COVID-19 presents itself while an employee is at work, on-duty. It is possible that an employee could begin their 48-hour work period without experiencing any symptoms and develop such symptoms before their work period ends. By the nature of our working conditions, close contact (by definition) has most likely occurred during the work period creating an exposure issue for the remaining crew members.

Upon discovery of infection or illness, the Battalion Chief or his Acting shall be notified. The station officer shall place their unit temporarily out of service for Manpower on the MDT. The individual/s that are feeling ill with symptoms shall don a face covering and isolate themselves in their vehicle/s until the Battalion Chief or his Acting can arrive at the station.

If the occurrence is within normal operating hours (08:00-20:00), the involved person/s should attempt to have a rapid Test done at a facility or if possible, obtain an appointment at the First Responder Test Site located at 1331 White Horse Road.

If the occurrence is outside of normal operating hours (20:00-08:00), they should be sent home for Isolation until a test can be obtained.   Testing should be completed as soon as possible. (Within 14-hours of being sent home)

As soon as any sick, ill, or infected person/s exit the facility, the remaining crew members should don appropriate face masks and begin the decontamination/disinfecting of the station. This may include open the doors for ventilation.

If the crew needs make-up personnel, the Battalion Chief or his Acting will make assignment adjustments first to cover the vacancy. If there are not enough on-duty personnel to fill the void, calling in an off-duty person/s to shore up the crew strength to minimal staffing. Call backs shall be paid overtime for their coverage period.

Should the test return Positive, the close contact members of the sick employee's crew will be considered exposed unless they have been fully vaccinated or have fully recovered from COVID-19 themselves within a three-month period since their fist symptoms of the virus.

Should quarantining close contact exposure create a staffing hardship, rather than calling in overtime, the Chief may approve enactment of a Mutual Aid request that has been predetermined with Boiling Springs Fire District (Spartanburg) to assist with relieving that hardship. It is important to maintain at least our minimum level of service to the community.

The station where the infection broke-out shall be completely cleaned again with sanitizer, disinfectant, and ventilated for continuous occupancy immediately. It shall be the responsibility to the Battalion Chief or his Acting to ensure that this is accomplished in a timely manner.

Decontamination Procedures

Fire Apparatus, Staff Vehicles, and Support Vehicles

Patients, regardless of whether they have COVID-19, should not be transported in fire apparatus unless explicitly approved by a Chief Officer. When cleaning apparatus, fire suppression crews should utilize an approved disinfectant to sanitize all touch surfaces in the apparatus. Care and though need to be exercised when cleaning sensitive electronic equipment in the cab (Some of the cleaners will destroy monitor screens). Frequent decontamination should occur throughout the duration of the COVID-19 pandemic.

Fire Stations and Hosted Facilities

Increasing the frequency of cleaning our fire stations and hosted facilities should be evaluated regularly. Appropriate disinfectant should be used to clean touch surfaces throughout the stations including the floors. Particular attention should be given the cleaning of sleeping areas, food prep and eating areas, gyms and workout areas, bathrooms and shower facilities, office spaces, indoor training spaces, and day rooms.

In the event that a suspected COVID-19 patient seek treatment at a fire station, precautions should be taken to limit the exposure risk while maintaining professionalism, compassion, and treatment in accordance with applicable standing orders. If there is an area outside of the station suitable for evaluating and treating the patient use that space if possible. If not, and the patient enter the station, they should be kept to a confined space such as an office without a return air vent. Preplan for this type of event and designate a room for this. Once the patient leaves the station, thoroughly disinfect the space with a hospital-grade cleaning solution.

Approved Disinfectants

The U.S. Environmental Protection Agency (EPA) has identified a list of disinfectants which can be used to eliminate the COVID-19 virus. The list of these disinfectants is updated regularly and found at:

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2