

## HHS/CDC SARS-CoV-2 Vaccination Guidance Plan Recommendations for Public Safety/EMS

As you are planning and drafting, remember that flexibility should be written into the plan since so much is still in the air, depending on the results of the vaccine trials and which vaccine(s) is/are successful. Some items to consider include:

1. Plan & prepare for the worse but work towards developing the best plan possible. Develop Agency-specific documents that incorporate a lot of the materials that were used during the 2009/10 H1N1 Pandemic, as well as the CDC websites, and other industry polices for 2020/21 Flu Season and COVID-19 guidance.
2. Open a dialogue with your Medical Advisor, and/or Local Public Health, Occupational Health, or Infection Control at a receptive local hospital, so you have access to professional expertise when questions arise (and they will). There should be access to someone 24/7 for most agencies. Incorporate your Worker's Comp department into policy design and decision making. Discuss a policy to keep workers from coming to work if sick AND for expedited Flu/COVID testing and contract tracing. This will be essential in quickly identifying the cause of the illness should someone get sick, as well as identify those that may have been exposed. Not doing so is likely a liability. Public Health labs (those at some local health departments and the CDC) have tests for both influenza A and B, as well as COVID and other respiratory viruses. Add to the list, to find your state's and local health department's plan for SARS-CoV-2 vaccination (for COVID) for your agency.
3. Provide information to your personnel so they are aware of the threat of seasonal Flu and COVID for this year and provide a knowledgeable person to answer questions to use within your agency. Make sure to include that the **only real symptom** that distinguishes between Flu and COVID is the **sudden onset of loss of smell or taste** in COVID. It is also important to cover other respiratory viruses that circulate during this time, primarily causing colds or upper respiratory illnesses.
4. Arrange/provide for seasonal Flu vaccination now. Flu vaccines should be completed by October to assure protection but, if deferred at that time, can be done throughout the Flu season. Make sure to include materials on why it is important to get a Flu shot every year and, this year, it's essential. Basically, it's important to try and decrease the risk of co-infections of Flu + COVID or another respiratory virus, Flu vaccine would prevent or lessen the severity of the Flu, and might also help separate between an illness with Flu vs COVID.
5. Develop a policy with all stakeholders that checks for signs/symptoms of Flu & COVID upon arrival for shift and include that someone that gets sick during shift or while at home, should **not** report to work. The policy should recognize that those that are penalized when they don't work, will work when they are ill to avoid a dock in pay or other penalty. It should be noted in the policy that an individual should notify their Supervisor, or the appropriate person to report the onset of illness.

6. Develop a stock of appropriate PPE, outline when and how it should be used, and provide each responder with enough PPE for multiple contacts before having to restock. PPE should include a fit-tested N95 or better respirator, a barrier garment, gloves and approved eye protection (goggles or face shield) for any contacts with a person with symptoms of Flu or COVID. A surgical mask may be used if no respirators are available but will not provide the same level of protection.

Personal masks should not be used in place of provided masks for contacts with symptomatic people/patients since they will not likely be up to the standard. Provide an appropriate covered biohazardous waste container, at the point of use, for discarding doffed PPE. Worn PPE should not be placed into a regular garbage receptacle.

7. Provide alcohol-based sanitizers for immediate decontamination of hands and arms but also instill a need to wash with soap and water ASAP, particularly afterwards when providing patient care or after touching surfaces. Remind them that regardless of the exposure, hand sanitizer should not be used on mucous membranes or open cuts or wounds. Sanitizer does not replace the washing of hands. Check to make sure that the sanitizers are not on the FDA Toxic Sanitizers list. Appropriate hand sanitizers should contain at least 60% ethanol or isopropyl alcohol and NO METHANOL. Remind everyone that sanitizers are flammable and the skin must be completely dry before being near a spark or flame source.

8. Make every attempt to have Dispatch warn responders of anyone that may be sick with COVID or flu symptoms, including fever or chills, cough, head ache, sore throat, runny nose, body aches, fatigue/weakness, chest pain or difficulty breathing. Responders should don PPE before contact with the person needing assistance whenever possible. Except in emergencies where it is impossible, stop assistance temporarily, to step away and don PPE before returning to the person(s).

9. All possible exposures, both on and off duty should be reported to their immediate supervisor or the Officer of the Day ASAP. Referral should be made to the Designated Infection Control Officer or Occupational Health per established policy. Front-line First Responders should receive preferential testing. Records should be kept per OSHA requirements. HIPAA applies.

10. Wear masks AND social distance at least 6 ft apart when not on emergency calls while following the guidance above & below. This includes in quarters and on apparatus. Masks are not required during sleeping or active eating. Beds/Dining Chairs should be at least 6 feet apart; 10 feet is even better. Avoid close contact, including fist and elbow bumps (it requires you to be too close).

## EMS-Specific Responders

11. As health care workers, EMS workers should be vaccinated for Flu each season. This applies even if patient care is only part of the work (i.e. Fire-Rescue). This should lessen the chance of getting flu themselves, taking it home to family members, or transmitting it to patients in their care. Family members and patients may be at increased risk of complications from flu.

12. Assure that all patient-response personnel have adequate PPE to approach patients, including a gown or jumpsuit, N95 or better respirator, face shield or enclosed goggles, and gloves. Since the symptoms between Flu and COVID are indistinct, assume symptoms are COVID, until proven otherwise and don all appropriate PPE.

Note: although not always followed, an N95 mask, face shield or goggles and gloves are always appropriate when responding to Flu symptoms, even when a disease like COVID is not around. Responders are at risk for bringing an infectious respiratory disease home to family or to subsequent patients.

13. Care should be taken to avoid touching their face and mucous membranes (eyes, mouth, nose) since the Flu, as well as the COVID virus, is frequently found on surfaces such as door knobs, cot & equipment handles, computer, phones & radios as well as clothing, bed clothes, etc. Once picked up on the hands from touching inanimate objects or from the secretions of a patient, it can transmit any respiratory infection virus via the mucous membranes of the face and head.

14. Close the door between the ambulance/rescue cab and patient compartment to prevent the transfer of germs during transport. If the compartment cannot be closed, the driver should doff all PPE before getting in the cab EXCEPT for the N95 or better respirator. All exposed/contaminated equipment must be cleaned and disinfected, per COVID-19 Decon Policy.

15. Always be aware of your exposure risk and history. Take extra precautions or avoid those with immunocompromise, when possible, if you have had a known or likely exposure to an infectious disease.

16. Antivirals may be indicated for the treatment of flu, particularly for those in high risk groups, those who are hospitalized or have severe, complicated or progressing flu. These antivirals may be given, if presenting within 48 hours of the onset of symptoms, but sooner is even better. Make sure the practitioner is aware of their First Responder Role.