

Situational Awareness for All Public Safety Responders

Police, Fire, EMS, and Corrections personnel (my apologies if I missed anyone) are all taught and practice situational awareness. This practice is what allows so many First Responders to go home safe after shift. In the usual application of situational awareness (Is the scene safe? Am I?), most threats to that safety can be seen or heard.

That changes when the threat (amongst all the others that remain) is literally microscopic. And, the signs and symptoms of illness, a) look like other currently circulating respiratory illnesses like flu and colds; b) may not start until after the person has been capable of making others sick for up to 1 – 3 days before the onset; or c) about 25% of the time, symptoms don't happen at all, so the virus is transmitted (shared) to someone else.

Also, because it can't be seen, while tackling our everyday roles, we forget it may linger in the air for a few minutes to a few hours after a cough, sneeze, talking, breathing, or more persistently, after the use of a nebulizer, or on surfaces where those droplets may fall or "accidentally" be added by hands contaminated by those droplets. This includes tables, chairs, floors, door knobs, light fixtures, keyboards, TV remotes, faucets...well, you get the picture. How long the virus stays capable of making someone else sick, if introduced to someone else's eyes, nose or mouth by touch, is dependent on lots of factors. How much virus there actually is, how much fluid (usually mucous) surrounds it, temperature, humidity, and if there was any attempt to clean/disinfect it. SARS-CoV-2 virus is fairly easy to kill on surfaces as long as the disinfectant is on the list of EPA- Approved Disinfectants for COVID-19 and the directions on the label are followed (including the "kill time", the time the disinfectant needs to stay on the surface without disturbing it). And, it presumes a two-step process that first cleans the area and then disinfects. To clean your hands/arms (or any other body part like face, hair, etc.) simple soap and running water, hand sanitizer with at least 60-70% alcohol, and/or shampoo, easily kill the virus.

Be aware of what your hands/arms touch or otherwise come in contact with, and wash them often, even if you are wearing gloves. Gloves are not magic. They do protect your hands as long as they are intact, however, they can still have virus on them that can transfer to your face or clothes or steering wheel, lunch or...well, you get the picture. If glove supplies are precious, you can wash your gloves while they are on your hands using the same soap and running water for at least 20 seconds of motion. Make sure you dry them well. Use disinfectant wipes or an EPA-approved spray and disposable rag to wipe down areas that your hands or objects that might be contaminated have contacted. These are known as 'high touch' objects and include handles, switches, keyboards, phones, personal or office, seatbelts, equipment, etc. Be very mindful of where your uniform or clothes touch and try to avoid contact with other's clothes, objects or surroundings, whenever possible, especially if not wearing appropriate PPE.

Lastly, limit the amount of people potentially exposed to the virus or those that have respiratory or influenza-like-illness (ILI), to those that are necessary to provide professional assistance or care. When possible, unless someone is in appropriate PPE, keep a distance of at least 6 feet between you and the person(s) you are

aiding/addressing until you can establish if full PPE is needed. If more PPE is indicated, take the time to don it correctly. If at all possible and not in conflict with SOPs/Policies, have patients or persons who are able to safely walk, meet you at the door or come outside, where there is likely less virus present on surfaces or in the air.

PPE:

Donning and Doffing:

<https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

Donning and Doffing a Disposable Respirator (N95 Facemask):

<https://www.cdc.gov/niosh/docs/2010-131/pdfs/2010-131.pdf?id=10.26616/NIOSH PUB2010131>

3 Factors Required for a Respirator to be Effective:

<https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>

Video on N95 Respiratory Donning & Doffing and Every Use Seal Check:

<https://www.youtube.com/watch?v=Tzpz5fko-fg>

Understanding the Difference between Surgical Masks and N95 Respirators:

<https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf>

Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

NETEC PPE Use and Conservation Posters and Videos:

<https://repository.netecweb.org/exhibits/show/ppe-cons/ppc-cons>

Cleaning & Disinfection:

EPA Approved Disinfectants for Use Against SAR-CoV-2 Virus that Causes COVID-19:

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

CDC Guidance for EMS – See the Section Titled *Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19:*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

CDC Guidance for How to Clean/Disinfect Home and Community Areas (not appropriate for Health Care Areas Including EMS Equipment & Pt Transport Vehicles):

<https://www.cdc.gov/coronavirus/2019-ncov/easy-to-read/prevent-getting-sick/disinfecting-your-home.html>