RETURN TO WORK AMID COVID-19:

A Cleveland Clinic Guide for First Responders

Contents

We're on the Same Team

The COVID-19 pandemic has been a season of change and unprecedented challenges. While the future seems uncertain, we need to keep pushing forward together. Our communities want to know what will happen next. Will they be safe? How have organizations adapted? What can they expect from the future?

As leaders, we need to deliver clear, accurate and concise answers to these questions. We owe it to our caregivers and those they serve. Communication has never been more important. Honesty and transparency are essential. It's time to share information, not to withhold it. We are all on the same team. Not only within our organizations, but in our broader industries and communities.

The COVID-19 pandemic has brought out the best in America's workforce, whatever they do. As we begin to transition to the world's "new normal," there are many new health and safety issues to consider. To help ease this transition, we offer our Cleveland Clinic AtWork® services. I urge you to read this book carefully and visit our *Creating a Safe Workplace* site (clevelandclinic.org/covid19atwork). Both offer expert insight and resources for safely resuming operations.

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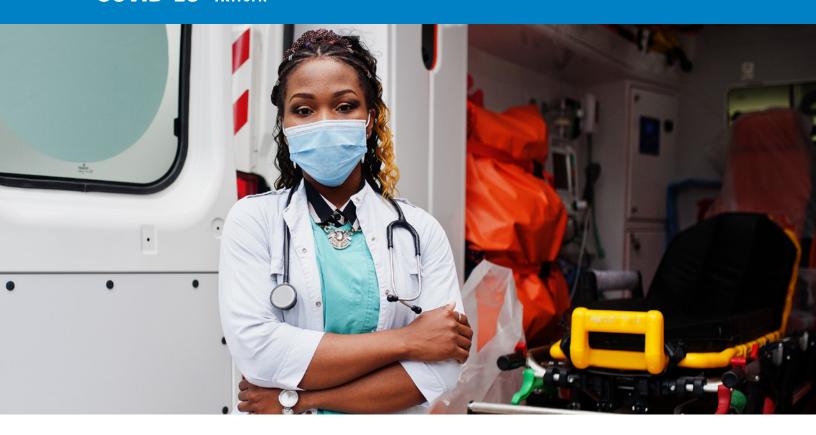Physician Lead, Advisory Services
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Overview

The COVID-19 pandemic has created a number of new challenges. While managers and employees may feel a sense of urgency to get their business back to normal, there are important safety guidelines that should be followed to allow for safe, stable operations.

These resources will help you through the key steps of operating your business amid the COVID-19 pandemic, including:

› Making sure your facility is fully clean, disinfected and equipped with a blueprint for maintaining safe conditions.

› Setting up a support system for employees as they continue to navigate the new realities and emotional challenges presented by the COVID-19 pandemic.

› Creating a plan for a safe work environment that protects employees from risks connected to COVID-19, including exposure and transmission.
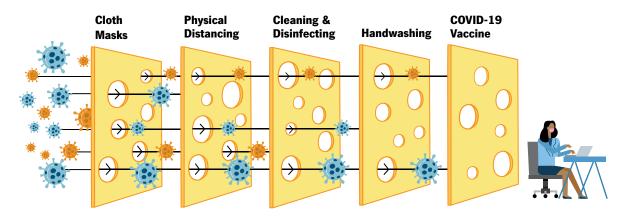
The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. The Clorox Company has contributed its expertise to the sections in this guide that concern cleaning and disinfecting. All other guidelines were developed through the expertise of Cleveland Clinic. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of March 23, 2021. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

Adding Layers of Protection

This guide describes many ways to keep the safety of your employees central to your COVID-19 planning and response. While no single tactic is 100% effective, when used together, they add layers of protection. These proven practices address a variety of risk points and should be considered as a collection of actions to keep your workplace safe in the era of COVID-19.

In 1990, James Reason, PhD, introduced the **"Swiss Cheese Model"** that has been adopted to improve safety across many industries. In any work setting, there are inherent risks. Most of the time these risks are never realized because safeguards are in place to prevent them. These safeguards are represented in his model as multiple layers of swiss cheese. However, every process has "holes" that, under the right circumstances, can line up and lead to an error, accident or "hazard" as Reason described it.

The COVID-19 pandemic requires multiple layers of protection to keep the workplace safe. These layers of swiss cheese serve as safeguards for your organization and your people. When used together consistently, the holes (or weaknesses) in any single layer of protection should be offset by the strengths of another layer of intervention.

Per Reason's model, the more layers of effective interventions that are implemented, the less likely your organization will contribute to the spread of COVID-19. For example, face coverings can slow the spread of COVID-19 and help prevent pre-symptomatic carriers from unknowingly transmitting it to others. However, no mask is 100% effective. Maintaining 6 feet* from other individuals in your workplace is an effective way to reduce transmission of the virus, but may not always be possible. Cleaning and disinfecting equipment is extremely important, but it is impossible to keep a surface completely disinfected between cleanings. Frequent handwashing is essential to prevent the spread of the virus, and is just one element of a larger infection prevention strategy. Encouraging your employees to get the COVID-19 vaccine when they are eligible will help communities build herd immunity. While any one of these interventions is not perfect, when used in conjunction with a broader range of safety practices, the risk of COVID-19 transmission is significantly reduced.

This guide provides an overview of these safeguards to prevent the risk of infection spreading in your organization and tools to support your workforce through these trying times.

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*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

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General Recommendations

The best ways for people to protect themselves from COVID-19:

Wear a face mask:

Protect yourself and others with a snug-fitting, non-valved, multilayer face mask at all times when outside of your home. This includes indoor and crowded outdoor spaces. Try to avoid touching your face.

Cover your mouth and nose:

When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve, rather than your hands. Properly dispose of your tissue in a trash can.

Practice social and physical* distancing:

Avoid non-essential group gatherings and crowded places. Maintain a 6-foot* distance from others.

Get vaccinated:

Be sure to get the COVID-19 vaccine when it becomes available to you.

Wash your hands:

Stop the spread of disease-causing germs by washing your hands often. Use hand sanitizer if soap and water are not available.

Clean and disinfect:

Use a virus-killing disinfectant to clean frequently touched surfaces such as phones, keyboards, doorknobs, handles and faucets.

Stay home when sick:

Avoid leaving home if you are sick. If you want or need to connect with your healthcare providers, first do so by phone or through virtual visits.

Avoid care facilities:

Limit nonessential visits to nursing homes, long-term care facilities or retirement communities, and ensure diligence with safety protocols if you do visit.

Maintain healthy habits:

Get enough sleep, eat healthy foods, drink plenty of water and exercise, if you are able, to help keep your immune system strong.

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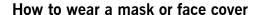
Health and Safety

Follow these guidelines to help facilitate a safer environment for your workforce.

Face masks

Non-valved, multilayer face masks can be used for source control outside the home. Studies from the Centers for Disease Control and Prevention (CDC) have shown that face masks effectively limit spread of the COVID-19 virus, protecting wearers as well as those around them when used as a complement to physical and social distancing. They are not a replacement for adequate distancing.

The CDC recently published research suggesting that layering a cloth mask over a surgical mask, double masking when a mask only has one layer, or knotting and tucking a single mask, may improve the fit of masks and provide additional protection from potentially infectious particles. However, if your mask already has multiple layers and fits tightly, it is not necessary to double mask..

How to wear a mask or face cover

The CDC recommends keeping these criteria in mind when wearing a mask or face cover:

› It should be snug but comfortable against the sides of the face.

› It should cover the nose, mouth and chin.

› It needs to be secured with ties or ear loops.

› It should be non-valved and made with multiple layers of material.

› It must allow you to breathe without restriction.

› It should be able to withstand machine washing and drying and not get damaged or change shape.

How to keep masks and face covers clean

The CDC recommends washing cloth face masks frequently, either by hand or in a washing machine. Individuals should take care not to touch their eyes, nose, mouth or face when removing a worn face covering, and to wash their hands immediately after removing them as they may carry infectious contaminants.

Correct

Mask Necklace

Mask Goatee

Mask Visor

Handwashing

Washing our hands is one of the easiest and most important things we can do to stay healthy and stop the spread of bacteria and viruses.

Wash your hands:

› Whenever they look dirty.

› Before, during and after you prepare food.

› Before eating.

› Before and after contact with an ill person.

› Before and after treating a cut, sore or wound.

› After using the toilet or changing diapers.

› When entering or exiting the workplace.

› After blowing your nose, coughing, or sneezing. (Wash your hands more often when you are sick to prevent spreading your illness to those around you.)

› After touching animals or animal waste.

› After touching garbage, body fluids, or anytime you have doubt if your hands are clean.

What's the proper technique for hand washing?

Wet your hands with clean running water (warm or cold).

Lather your hands with soap. Rub together 20+ seconds. Don't forget wrists, back of hands, between fingers and under nails.
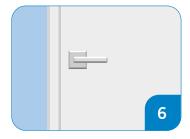

Rinse your hands well under running water.

Turn off the water with your elbow (or a clean towel).

Dry your hands with a clean towel or air dry them.

Used a towel? Use it to open the bathroom door.

When should we use alcohol-based hand sanitizers?

The CDC recommends washing hands with soap and water whenever possible to reduce the amounts and types of all germs and chemicals on them. However, if soap and water are not available, an alcohol-based hand sanitizer that contains at least 60% alcohol should be used. Hand sanitizers with lower alcohol levels are not as effective in killing germs.
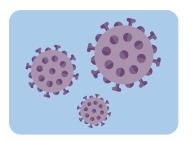
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Vaccination

The arrival of the first COVID-19 vaccines sparked excitement, hope and anticipation for better days ahead. But for the COVID-19 vaccine to put an end to this deadly pandemic, enough of us need to get it. Cleveland Clinic strongly encourages you to get the vaccine when you're eligible.

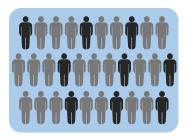### How was the COVID-19 vaccine developed and how does it work?

Vaccines save millions of lives each year from deadly diseases caused by viruses or bacteria. Because of the COVID-19 pandemic, work on a vaccine to protect against the virus is happening at lightning speed. That doesn't mean they're skipping important steps along the way, though.

Normally, a vaccine works to train your body to recognize and respond to proteins that are produced by a bacteria or virus. All three authorized vaccines work by getting your immune system to defend itself if you are exposed to COVID-19.

Similar to other vaccines, pharmaceutical companies had to go through a well-defined process of research, development and approval before their COVID-19 vaccines can be authorized for emergency use.

We know how quickly COVID-19 can spread from person to person. When a large number of people in a community are vaccinated, the virus can't spread as easily. Encouraging as many people as possible to receive a safe and effective COVID-19 vaccine is the best way we can begin to slow the spread of the virus.

Is the COVID-19 Vaccine Safe?

Yes. Given the speed of development of these vaccines, it's understandable that there are questions about whether or not there's been enough research and testing to ensure the vaccines are safe. But all vaccines must go through rigorous clinical trials to determine safety and efficacy, with at least two months of patient follow-up, and report their findings to the FDA.

As with many vaccines, you may be sore where it's injected. You may also develop fatigue, fever and muscle aches afterward. This seems to be more common with the second dose of vaccine. If this happens, it means your immune system is taking notice of the vaccine and reacting.

Should I be concerned about a severe allergic reaction to the COVID-19 vaccine?

No. Allergic reactions, including shortness of breath and hives, were uncommon during COVID-19 vaccine trials. All recipients receiving the vaccine will be monitored for at least 15 minutes after vaccination for possible immediate hypersensitive reactions. If you have a history of allergic reactions to vaccines, talk to your healthcare provider before receiving a COVID-19 vaccine.

What side effects can I expect from the vaccines?

In the clinical trials, the vaccines were very effective with only mild side effects that are common in all vaccines. These include fever, fatigue, muscle aches and headache. There were no serious safety concerns.

If I've had COVID-19 should I get vaccinated anyway?

We still recommend that you get the vaccine even if you've had COVID-19. However, you may consider waiting 90 days after getting infected as it's not common to get COVID-19 again within three months of first being infected.

If I'm pregnant, breastfeeding or trying to conceive, can I get immunized?

While pregnant and breastfeeding women weren't included in the first COVID-19 vaccine trials, safety data is reassuring. Since the vaccines don't contain the live virus, they aren't thought to increase the risk of infertility, miscarriage during the first or second trimester, stillbirth or birth defects. There's also no evidence to suggest the vaccine is a risk to a breastfeeding baby. That said, getting the vaccine while trying to conceive, during pregnancy or when you are breastfeeding is a personal choice. We encourage you to talk to your Ob/Gyn to help you make a decision together.

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Screening

The CDC recommends screening employees by:

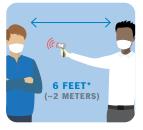### 1. Having employees take their temperature before coming to work, or when they arrive.

Confirming their **temperature is less than 100.4°F (38.0°C).**

Confirming they are **NOT coughing or experiencing shortness of breath.**

Looking for signs of illness, which could include flushed cheeks and/or fatigue.

Maintaining at least 6 feet* distance between the person taking the temperature and the employee.

6 FEET*
(~2 METERS)

2. Following recommended barrier controls, or using proper PPE for screeners:

› Stand behind a physical barrier (glass or plastic partition) to protect their face and mucous membranes from respiratory droplets that may be produced when someone coughs, sneezes or talks.

› If no physical barrier is available, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of your face), a single pair of disposable gloves and a gown if you expect to have extensive contact with someone.

› Clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.

› Use a new pair of disposable gloves. If disposable or non-contact thermometers are used to screen multiple people and you did not have physical contact with an individual, you do not need to change your gloves before the next check.

› Look for signs of illness, which could include flushed cheeks or fatigue.

› Confirm individuals aren't coughing or experiencing shortness of breath.

› Check the individual's temperature by reaching around or through an opening in the partition. (Keep your face behind the barrier at all times.)

› If non-contact thermometers are used, follow the manufacturer's instructions for cleaning and disinfecting.

› Reusable thermometers must be cleaned between each check.

› After screening the last person, remove and discard PPE and gloves, and clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.

Asymptomatic screening for those with known exposure

The CDC recommends COVID-19 testing for unvaccinated persons who have been in close contact with an individual who has been diagnosed with COVID-19. Individuals with known exposure should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.

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*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

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Preparing the Workplace

Organizations must take appropriate precautions to create a safe, protected work area. This includes assessing exposure risk, potential exposure sources and transmission routes, and appropriate controls.

Clean and Disinfect

Plan

› **What needs to be cleaned?** Not all areas will need the same level of cleaning. For example, in spaces left unoccupied for 7 or more days, only routine cleaning is needed. High-touch surfaces (e.g., sinks, doorknobs, elevator buttons, etc.) should be prioritized and disinfected regularly.

› **What resources and equipment are needed?** Consider the size and availability of your current environmental services or janitorial workforce, the type and availability of cleaning products, and what personal protective equipment (PPE) is appropriate for those cleaning.

Implement

› **Clean visibly dirty surfaces** with soap and water prior to disinfection.

› **Use the appropriate cleaning or disinfectant product.** Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

› **Follow the directions on the label.** The label will include safety information and application instructions.

› **Clean or replace air filters regularly** per manufacturer's instructions.

› **Post a list** that indicates the date and time high-touch areas were cleaned last.

Maintain

› **Continue routine cleaning and disinfection.** Continue or revise your plan based upon appropriate disinfectant and PPE availability. Routinely disinfect frequently touched surfaces at least daily.

› **Maintain safe practices for additional layers of protection,** such as frequent handwashing, using cloth face coverings, staying home if you are sick and social distancing.

› **Empower employees to keep their work areas clean** by providing EPA-approved cleaning products.

Preparing the Workplace

Distancing

The workplace looks and feels very different than it did before COVID-19. Maintaining physical and social distance is vital for the safety of our workforce.

Social distancing means avoiding large gatherings. Physical distancing means maintaining distance (at least 6 feet or 2 meters*) from others when possible. Both social and physical distancing are important precautions. Businesses should consider the following distancing strategies:
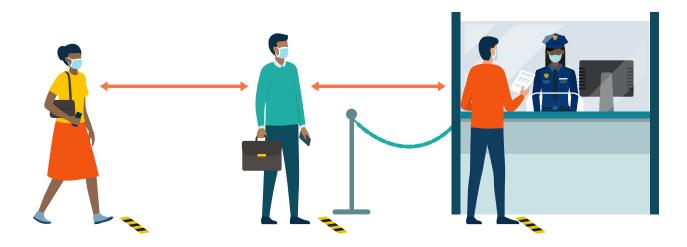
› Set limits on how many people are in your building at one time. This may mean changing your policies to allow flexible worksites (e.g., work-from-home) and flexible work hours (e.g., staggered shifts).

› Increase physical space between employees at the worksite. This may include:

  • Adding extra space between workspaces to ensure 6 feet* of distance between workers.

  • Encouraging employees to avoid elevators, and reducing elevator capacity.

  • Creating one-way traffic flow through aisles, stairways and hallways.

S–A–F–E

SIX AWAY FROM EVERYONE

Keep 6 feet between you + others to help prevent the spread.

› Altering meeting practices to phone or video rather than in-person whenever possible. When a physical meeting is required, ensure 6 feet* of space between each employee, insist that all employees wear masks, and clean and disinfect meeting room surfaces.

› Postpone non-essential travel and events.

› Stagger break times.

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Recognizing Symptoms

Your employees may have concerns about possible exposure to COVID-19* — and how to tell the difference between symptoms of the virus and other common illnesses. It is important to educate your employees about the symptoms of COVID-19. These resources will help you and your workers recognize symptoms.

What Symptoms Should I Be Watching For?

Patients with confirmed infection with COVID-19 reported these symptoms (as of **March 23, 2021**):

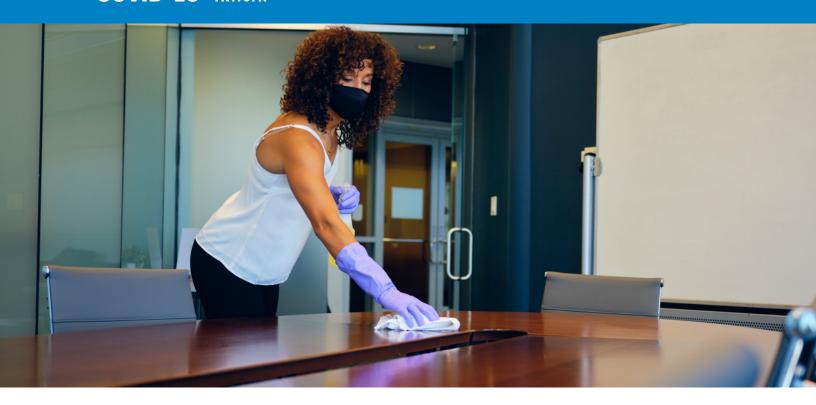|			
Fever.	**Chills.**	**Cough.**	**Shortness of breath or difficulty breathing.**
Diarrhea.	**Nausea or vomiting.**	**Muscle or body aches.**	**Congestion or runny nose.**
Headache.	**Fatigue.**	**New loss of taste or smell.**	**Sore throat.**

This list does not include all possible symptoms. Children have similar symptoms to adults and generally have mild illness.

Symptoms can range in severity from very mild to severe. In about 80% of patients, COVID-19 causes only mild symptoms. For an up-to-date list of symptoms, please consult the CDC's website.

*The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most recent recommendations, please visit www.cdc.gov.

How do I handle an employee who has symptoms or becomes ill at work?

Follow these steps if one of your employees begins having suspected COVID-19 symptoms or feels ill during the work day:

› Immediately separate the employee who is ill from other workers, customers and visitors.

› Send the employee home and instruct them to follow-up with a healthcare provider for appropriate testing and treatment.

› Close off all areas that the ill employee was using until they can be cleaned appropriately.

› Refer to the CDC's guidance for cleaning and disinfecting your building when someone is sick.

What should I do if an employee has been exposed* to someone who has COVID-19?

Follow these procedures for employees who have been exposed to someone but don't have symptoms:

› Screen all of your employees before and when arriving at work each day with symptom or other screening tools (e.g., temperature).

› Perform regular self-monitoring as outlined by your occupational health program.

› Ensure affected employees quarantine from the workplace for an appropriate time from the date of exposure based on local guidance. This is typically 14 days, but can vary with testing and concerns around variant strains.

› Unvaccinated individuals with known exposure* should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.

Fully vaccinated individuals who meet the following criteria are not required to quarantine:

› They are fully vaccinated (2 weeks have passed since the second dose in a 2-dose series, or 2 weeks after their dose in a single-dose vaccine).

› They are within 3 months following the last vaccine dose in the series.

› They remain asymptomatic since their current exposure* to COVID-19.

Fully vaccinated people should still self-monitor for symptoms of COVID-19 for 14 days following exposure, and seek clinical evaluation if indicated.

*The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most recent recommendations, please visit www.cdc.gov.

Employee Wellbeing and Resiliency

The COVID-19 pandemic has been an unprecedented event, disrupting our way of life and causing increased stress and anxiety for workers everywhere. Information is rapidly changing and can be confusing, even scary. While some workers may successfully manage their anxiety levels, the ongoing situation can be overwhelming for everyone. Do not allow anything, including misplaced concerns about stigma or shame, stop you from reaching out for help and support.

According to the CDC, stressors associated with an infectious disease outbreak can include:

› Fear and worry about your own health and the health of your loved ones.

› Changes in sleep or eating patterns.

› Difficulty sleeping or concentrating.

› Worsening of chronic health problems.

› Worsening of mental health conditions.

› Increased use of alcohol, tobacco or other drugs.

Employee Wellbeing and Resiliency

Managing stress

Following these steps to manage stress can go a long way to help you and your employees cope with the ever-changing environment and help keep those around you calm and focused. Encourage individuals who seem unable to manage the increased levels of stress and anxiety to explore available resources, such as the organization's employee assistance program (EAP).

Exercise regularly. Aerobic exercise (e.g., walking, running, hiking or playing with your kids/pets), can help release endorphins (natural substances that help you feel better and maintain a positive attitude).

Maintain a healthy diet. Stress can adversely affect your eating habits and your metabolism. The best way to combat stress or emotional eating is to be mindful of what triggers stress eating and to be ready to fight the urge.
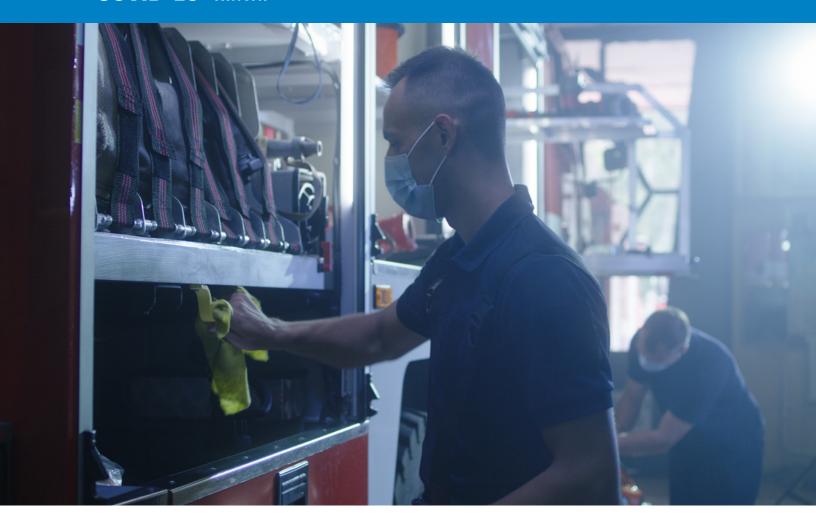

Connect with others. Fear and isolation can lead to depression and anxiety. Reach out to family members, friends and colleagues regularly via phone, text, FaceTime or other virtual platforms.

Take a break. While it's important to stay informed of the latest news and developments, the evolving nature of the news can get overwhelming. Find a balance of exposure to news that works for you. Whenever reasonably possible, disconnect physically and mentally.

Get enough sleep. It's especially important that individuals get the recommended amount of sleep to help them stay focused on work and on managing the stress the current outbreak can bring. Experts recommend avoiding alcohol and stimulants like caffeine and nicotine before bed.

Risk Reduction Tactics for First Responders

First responders face unique risks in a pandemic as they are dispatched to emergencies as crews, work within confined spaces together, and are often quartered/stationed with each other in firehouses. Therefore, first responders are at risk for both community and peer-to-peer transmission of COVID-19. Guidance for first responders focuses on ensuring the safety of the workforce in order to meet the growing demands of 911 services during a pandemic, while focusing on continuity of operations planning (COOP) and be able to fill resources/roles necessary to operate within the Incident Command System (ICS). In garrisoned environments, command staff must reinforce and emphasize appropriate disinfection procedures of living quarters and rescue equipment, have an adequate inventory of personal protective equipment (PPE) to maintain staffing, and provide strong leadership and communication skills as operating environments will be dynamic and changes to processes will be frequent. Finally, public safety leaders must provide both mental and physical health support to frontline personnel operating out in the community.

Risk Reduction Tactics for First Responders

Clean

› **Regularly clean and disinfect shared areas and high touch surfaces** in workspaces, living spaces, vehicles and equipment with a disinfectant that has been approved by the EPA against COVID-19. In law enforcement, this includes equipment used in apprehension (e.g., batons, handcuffs).

› **Ensure proper operating procedures are followed** for the containment and disposal of used PPE and other medical waste, as well as the containment and laundering of used linen and uniforms.

› **Encourage frequent hand washing** and ensure easy access to hand sanitizer that contains at least 60% alcohol.

› **Shower and change clothes before leaving work** when possible.

› **Provide appliances for washing uniforms within stations.** Uniforms should never be worn between home and the station.

Screen

› **Screen all personnel for COVID-19 symptoms** and exposure prior to and the beginning of each shift.

› **Ensure that dispatchers add specific caller queries for COVID-19 symptoms.** Get as much information about possible respiratory symptoms from dispatch so that responders can prepare for the situation.

› **Monitor employees for signs of fatigue and stress.** Ensure that all employees have access to services that support their physical and mental health, as well as additional family support.

› **Citizens who call 911 and who are ambulatory should be instructed to wait outside** (if possible) for arriving crews.

› **For non-emergent 911 calls, first Responders should provide informed consent to patients** and ensure that the public understands the personal risk of going to an emergency department for medical issues that are not emergencies.

› **Whenever possible, EMS should not transport non-emergencies** but rather should provide alternative transport solutions or interventions such as telehealth services and connected care services.

Adjust

› **Develop checklists** for symptom checking, and cleaning and disinfecting areas at the beginning, middle and end of shifts.

› **Manage expectations related to emergency response time amid the pandemic**, remembering to keep local government and other community leaders informed of how pandemic-related staffing issues have impacted response time.

› **Make contingency plans for anticipated staffing shortages** due to illness and/or post-exposure quarantine periods.

› **Communicate with receiving facilities,** including hospitals or jails, about potentially infectious individuals, including those experiencing signs and/or symptoms consistent with COVID-19.

› **Consider the need for training on using equipment** or deploying weapons while wearing gloves and goggles.

› **Provide adequate cleaning and disinfecting supplies.**

› **Be sure to conduct respirator fit tests on your workforce** at least annually and according to the standards set by the Occupational Safety and Health Administration of the United States Department of Labor.

› **Optimize PPE supplies according to the CDC's guidelines.** During periods of anticipated PPE shortages, use of N95 respirators may be extended beyond the manufacturer-designated shelf life, and may be extended for repeated close contact encounters. Additional strategies may need to be implemented if supplies cannot meet your current utilization rate.

› **Beware of counterfeit respirators.** Signs that an N95 mask may be counterfeit include: decorations, ear loops instead of a headband, lack of National Institute for Occupational Safety and Health (NIOSH) approval (TC) number on the N95 or headband.

› **Utilize EMS jackets.** Most commercially available EMS jackets and shells are ANSI-certified as pathogen resistant and should be worn as part of the protective clothing ensemble.

› **Alter uniforms to remove expendable requirements.** For example, consider removing requirements for collared shirts and replace, even temporarily, with expendable items such as uniform t-shirts.

› **Allow crews to wear "house shoes" when in quarters** and change into duty boots/uniform shoes when dispatched to emergencies.

› **If necessary, work with public safety labor unions in adjusting overtime procedures so that department members do not travel between stations.** Treat each station as an isolated outpost/silo. Should an outbreak occur within your agency, it will be isolated to a single station rather than a battalion, district, or shift.

Distance Between

› **Install clear dividers and windows at intake areas,** and utilize other barriers between workers and the general public.

› **Rearrange or reorient service areas and workspaces** so that workers are separated from co-workers, patients, visitors and the general public by at least 6 feet or as determined by CDC guidance, etc.

› **Pay close attention to areas where spacing may be difficult,** such as dispatch centers, workout rooms, locker rooms, break rooms, bunk rooms and meeting rooms. If physical space cannot be made, the workforce should wear face masks and shields. Consider adding plexiglass partitions between colleagues.

› **Avoid sharing work equipment,** such as other workers' phones, desks, offices, or other work tools and equipment.

› **Separate partners in individual vehicles when possible;** if separate vehicles aren't feasible, drivers and passengers should wear a face mask and shield at all times.

› **When working with the public, first responders should wear surgical masks, protective eyewear and gloves.**

Distance Between (continued)

› **Keep 6 feet* of space between responders and patients during assessment.** When possible, assess in the open air. Avoid sending a whole crew in for initial evaluation when one or two people might suffice.

› **Don appropriate PPE before entering a room with a patient with respiratory symptoms.** If possible, mask the symptomatic patient. If a patient is known to be positive for COVID-19, teams should wear N-95 masks, gloves and protective eye wear.

› **Patients should wear a non-valved multilayer face mask,** even if over nasal cannula. Have extra disposable face masks on-hand in case they need one.

› **Take extra care around symptomatic patients** receiving supplemental oxygen treatments, which may aerosolize the virus.

› **Use transport vehicles that have isolated driver and patient compartments** that can provide separate ventilation when possible. If not possible, open outside air vents in the driver area and turn on rear exhaust ventilation.

› **Increase ventilation in police cruisers and ambulances** by operating the system in non-recirculation mode and bringing in as much outdoor air as possible.

› **Restrict family members from riding along during transport;** however, discretion may be called for if transporting children or a particularly anxious family.

› **Conduct necessary training remotely,** if possible, and reschedule any nonessential training sessions.

› **Limit the number of EMS personnel in the patient compartment** to only those who are essential.

› **Alter policies requiring signatures from patients and witnesses.** EMS units that use ePCR platforms should not allow patients to touch mobile devices for signatures. Rather, simply document that patient signature was unavailable.
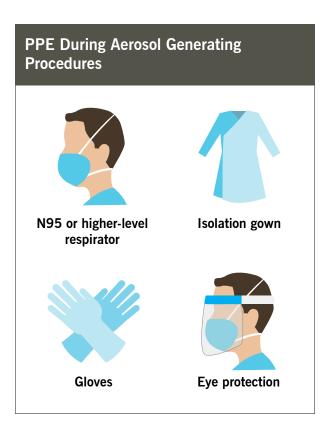

› **In fire and EMS stations, traditional meals should be limited to only a few people at a time.** In larger stations, such as double and triple companies, eat meals in shifts or by assigned apparatus.

› **If possible, share resource and coordinate workforces with neighboring cities/municipalities** in order to maintain adequate coverage should one jurisdiction become overwhelmed by COVID-19 within their ranks.

› **If necessary, avoid public education events** and use social media platforms to communicate fire, EMS, and public safety education and information sharing.

› **If necessary, suspend fire prevention inspections** or alter them in a way that protects crew-based fire inspections from contacting multiple members of the public within a single setting or detail.

› **Remember, building a resilient public safety workforce requires strong communication skills,** transparency between ranks, active listening, and constant monitoring for signs of both physical and mental health injuries.

› **Allot adequate time for exercise and napping while deployed on extended shifts** (such as a 24/48 schedule).

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*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

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Aerosol Generating Procedures

Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur.

› Staff in the field should wear an N95 or higher-level respirator, eye protection, gloves and a gown.

› The number of staff present during the procedure should be limited to only those essential for care and procedure support.

› Aerosol generating procedures should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.

› Clean and disinfect procedure room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2 or other national recommendations.

PPE During Aerosol Generating Procedures

N95 or higher-level respirator

Isolation gown

Gloves

Eye protection

What to do if one of your employees is diagnosed with COVID-19?

› **Isolate the symptomatic individual** and any person who may have come into contact with the individual. Known contacts should be tested and quarantine for a period of 14 days unless they are fully vaccinated and meet the guidelines set forth by the CDC.

› **Send home any employees with symptoms of COVID-19** and instruct them to self-isolate for 14 days from the onset of symptoms, as recommended by the CDC. Instruct them to follow-up with a healthcare provider for appropriate treatment.

› **Instruct employees to contact their manager** immediately if they notice that a colleague is exhibiting symptoms of COVID-19.

› **Stay in touch with the infected employee.** Consider return to work 10 days after symptom onset AND 3 days with the following:
  • Resolution of fever (without the use of fever-reducing medications).
  • Improvement of symptoms (cough, shortness of breath).

› **Report confirmed cases of COVID-19** immediately as required by local health authorities.

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Communicating Safety Requirements

The COVID-19 pandemic has altered the way most of us interact with one another. Public health and safety measures like physical distancing and face masks impede face-to-face communication. For instance, a face mask can cover a warm smile or muffle a kind greeting. But there are many ways to continue to show empathy.

Communicating while wearing a mask:

Listen to the other person.

› Make eye contact (more important than ever).

› Practice open body language.

  • Keep your arms uncrossed.

  • Face the other person.

› Smile, even through your mouth is covered, because people can "see" and feel your smile behind the mask.

› Avoid multi-tasking to demonstrate active listening.

› Pause; do not talk in the doorway while exiting.

› Hear their entire story; don't interrupt.

› Pay attention to verbal and non-verbal cues such as sighing; turning away from you, etc.

› Reflect back what you heard.

  • "What I'm hearing you say is…."

  • "It sounds like….."

› Allow the person to clarify.

› **Say: (for example) "I know it is harder to communicate with this mask on."**

Acknowledge the inconvenience and difficulty of the situation.

› Verbally identify emotion or situation.

› Nod when appropriate to acknowledge you are listening and understanding.

› **Say: "Communicating like this can make the experience more stressful."**

Express regret.

› Offer an apology for the situation.

› **Say: "I am sorry that communication may be impacted by our masks."**

Take action.

› Ask if there is anything specific that they need.

› **Say: "I want you to know that I care about you, and I want to communicate with you in a way that shows that. How may I help you today?"**

Show appreciation and bring closure.

› Acknowledge the circumstances.

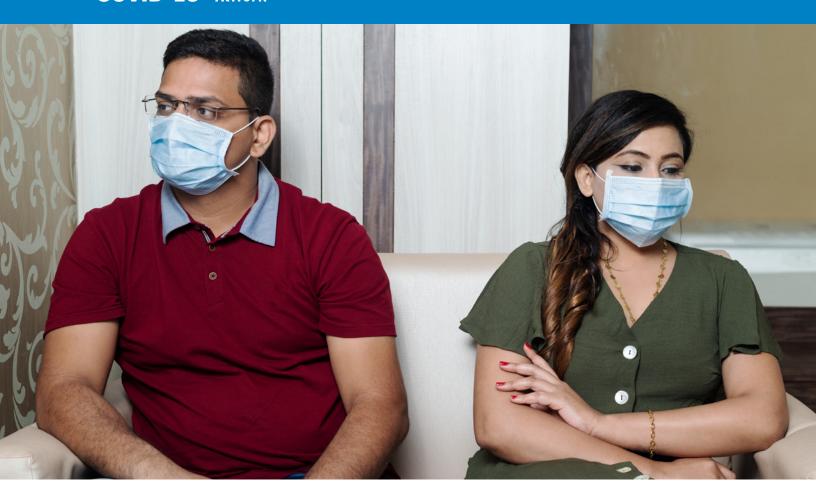› **Say: "Thank you for trusting me today. I really want to take care of your needs."**

Body language is crucial.

› Relax your shoulders.

› Keep your hands out of your pockets or off your hips.

› Avoid crossing you arms in front of you.

› Smile.

Expressive eyebrows.

› Look at the eyebrows of customers or community members to help guide information and be aware of your own.

› Raised eyebrows can show listening and happiness.

› Eyebrows pinched together can indicate sadness.

› Eyebrows in a "V" can mean angry.

Responding to Conflict

Sometimes conflict and disagreement can be more prevalent during a crisis because of the stress of the environment. This can escalate misunderstanding or create adversarial communications, especially as it may relate to new ways of operating. Conflict is normal and, if handled well, can actually deepen relationships.

One technique for empathic response to conflict is called the H.E.A.R.T.® method. H.E.A.R.T. is a service recovery model that stands for:

Hear • Empathize • Apologize • Respond • Thank

This can be used with both customers and employees to strong outcomes when used authentically and with patience.

Are you COMMUNICATING with
H.E.A.R.T.®?

These are tough times, among the toughest. As we interact with one another, it's more important than ever to practice kindness and compassion with others and ourselves.

S.T.A.R.T. with Heart®

Smile and greet everyone warmly

Tell your name, your role, and what to expect to quickly connect and reduce confusion

Actively listen and **a**ssist when you can, and ask for help if you need it

Rapport and relationship-building will help get you and others through this time

Thank all parties for all they are doing in a difficult situation

Respond with H.E.A.R.T.®

When you encounter people who are upset or angry – and you likely will – take a deep breath and try your best to:

Hear what they're saying without interrupting or expressing judgment

Empathize in a way that feels genuine to you

Apologize for the situation and acknowledge it's difficult

Respond to the best of your ability and reach out for help when necessary

Thank them for sharing their concern

Scenario 1: An individual does not want to wear a mask that was required for ensuring safe working conditions.

Hear

› Listen to the individual.
› Say: "It sounds like you are worried about the mask. Tell me more about that."
› And/or: "Others have shared similar concerns… help me understand what concerns you most about wearing a mask?"

Empathize

› Acknowledge the inconvenience and/or difficulty of the situation.
› Say: "I appreciate you sharing that [spoken with warmth and genuine appreciation]."
› And/or: "I know wearing a mask can feel uncomfortable. It can also make it hard to hear what people are saying."
› And/or: "This has to be so stressful."

Apologize

› Acknowledge the difficulty of the situation.
› Say: "Masks are (uncomfortable/frustrating/etc.) and I am sorry."
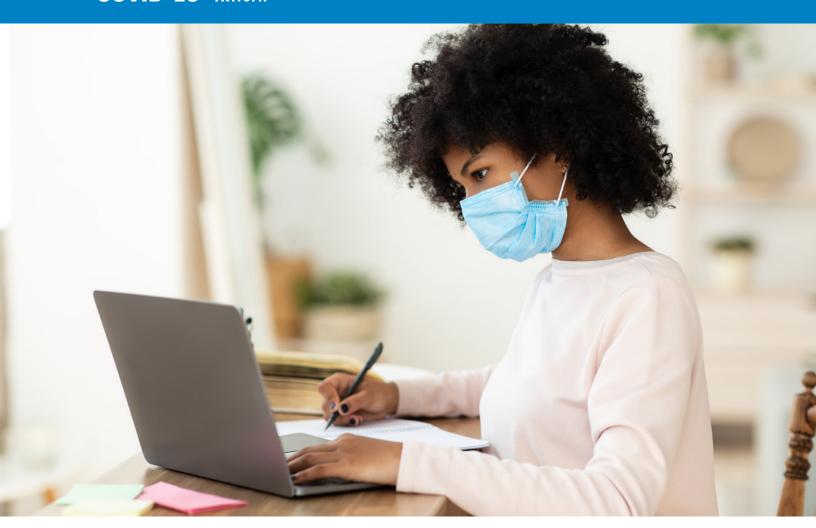› And/or: "I wish there were an easier way to keep everyone safe."

Respond

› Take action.
› Say: "We are asking everyone to wear masks to help keep our employees, customers and loved ones safe. There is no way of knowing who has COVID-19 or not by looking at them. Your safety - and that of our people - is the most important thing to us."
› And/or: "Having everyone to wear masks over nose, chin and mouth helps reduce the spread of infection."

› And/or: "For your safety and the safety of all, these masks should be worn by anyone entering our shared spaces. We ask that you wear a mask to enter."

Thank

› Show appreciation and bring closure.
› Say: "I want to thank you for keeping us all safe. Your cooperation means a lot to us."
› And/or: "I appreciate your help with this. Thank you for trusting us."

Other Helpful Resources

Other helpful sources of information include:

› The International Association of Chiefs of Police

› International Association of Fire Chiefs

› Cleaning & Disinfecting Guide from Cleveland Clinic and Clorox

› Safer at Home: Cleveland Clinic's Guide to the Coronavirus Pandemic

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Notes

The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of **March 23, 2021**. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

About Cleveland Clinic

Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education. Cleveland Clinic was founded in 1921 by four renowned physicians with a vision of providing outstanding patient care based upon the principles of cooperation, compassion and innovation. Today, Cleveland Clinic is one of the largest and most respected hospitals in the country. *U.S. News & World Report* consistently names Cleveland Clinic as one of the nation's best hospitals in its annual "America's Best Hospitals" survey. Each year thousands of patients travel to Cleveland Clinic from every state in the nation and more than 180 countries around the world.

Cleveland Clinic AtWork is registered in the U.S. Patent Office. Cleveland Clinic has been partnering directly with employers for more than 50 years with programs focused on executive health, wellness and expert second opinions. If you are interested in learning more about Cleveland Clinic's Employer Solutions, please visit: https://my.clevelandclinic.org/departments/employer-healthcare-solutions.

About The Clorox Company

The Clorox Company is a leading multinational manufacturer and marketer of consumer and professional products. Founded in 1913, Clorox has a century-long legacy in health and wellness, starting with its namesake bleach and evolving to include other products in its portfolio that can make a meaningful difference in people's lives. They include some of the most trusted and recognized consumer brand names, such as Clorox® cleaning and disinfecting products; Brita® water-filtration products; Burt's Bees® natural personal care products; RenewLife® digestive health products; and Rainbow Light®, Natural Vitality™ and NeoCell® dietary supplements. The company also markets industry-leading products and technologies for professional customers, including those sold under the CloroxPro™ and Clorox Healthcare® brand names.

For more information about how to cope with the COVID-19 pandemic, visit clevelandclinic.org/copingwithcovid19.

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