VA OSHA COVID-19 PREPAREDNESS AND RESPONSE PLAN

VERSIONS:

August 12, 2020—New

Global Medical Response is committed to providing a safe and healthy workplace for all our workers [and customers, clients, patrons, guests, and visitors]. To ensure we have a safe and healthy workplace, Global Medical Response has developed the following COVID-19 Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces and communities, and that requires full cooperation among our workers and management. Only through this cooperative effort can we establish and maintain the safety and health of all persons in our workplaces.

GMR's COVID-19 Preparedness Plan follows the industry guidance based upon Centers for Disease Control and Prevention (CDC) guidelines for COVID-19, and federal Occupational Safety and Health Administration (OSHA) statutes, rules and standards. It addresses:

- Job hazard classifications
- Plan administration
- Disease transmission considerations
- Risk Factors for employees
- Infection control measures
- Exposure reporting and follow up
- Contingency planning
- Employee training
- Facility Readiness for Return to Work

I. **Job Hazard Classification**

It is the goal of the company to adequately protect all of its employees from the risk of transmission of communicable diseases, not only during emergency incidents, but in all work environments.

The company recognizes the potential exposure of its employees to communicable diseases in the performance of their duties. In the emergency care setting, the infectious disease status of individuals is frequently unknown by emergency medical personnel. To minimize risk of exposure the company will provide Personal Protective Equipment (PPE) to include gloves, face mask, respirators, gowns, and eye protection as well as the necessary cleaning and disinfecting supplies. The company will also provide initial instruction and continuing education in preventive healthcare practices so that all personnel possess a basic awareness of infectious diseases and exhibit proper skills in exposure control.

GMR Safety has established a job safety risk classification matrix for all GMR employees. COVID 19 guidance and policies are disseminated based on this risk classification. (*See Appendix A*)

II. **Plan Administration**

There are five major areas of responsibility that are essential to the effective implementation of the COVID 19 Preparedness and Response Plan:

1. Chief Medical Officer and Clinical Practices
2. Safety
3. Human Resources
4. Operations leadership
5. Employees
6. National Director of Facilities

The COVID-19 Preparedness Plan is administered by the Chief Medical Officer and the VP of Safety, who maintain the overall authority and responsibility for the plan. However, management and workers are equally responsible for supporting, implementing, complying with and providing recommendations to further improve all aspects of this COVID-19 Preparedness Plan. Global Medical Response managers and supervisors have our full support in enforcing the provisions of this plan. Our workers are our most important assets. Global Medical Response takes the safety and health of our workers very seriously. Worker involvement is

essential in developing and implementing a successful COVID-19 Preparedness Plan. We have involved our workers in this process by:

- Providing in-person and virtual listening and learning opportunities with clinical and safety leadership
- Establishing a national telephone hotline, available 24/7, for COVID related questions and exposure management. (855.361.1996)
- Implementing an Emerging Infectious Disease web site to catalogue important guidelines related to the COVID response.

III. **Disease Transmission Considerations**

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

IV. **Risk Factors for Employees**

Individuals of any age that have chronic health conditions should be aware that while no increased risk of contracting COVID-19 exists, the progression of the illness may be more severe and/or prolonged with the medical conditions listed below.

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Obesity (body mass index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

Other Conditions to Consider

- Cerebrovascular disease
- Chronic lung conditions (asthma, cystic fibrosis, pulmonary fibrosis)
- Endocrine disorders including Type 1 Diabetes

- Autoimmune disorders
- Hematologic disorders
- Mental health conditions that include PTSD, anxiety, and depression

Global Medical Response has created specific resources for personnel deploying in support of state and federal disaster responses.

Resources: (GMR Emerging Infectious Diseases Website)

- Pre-deployment Medical Considerations
- Pre-deployment Preparation Packet
- Deployment Resource Card

V. **Infection Control Measures**

One of the most important components of preventing infection and spread of disease is the appropriate use of Personal Protective Equipment (PPE). Based on all available evidence to date and the current CDC recommendation, EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection in accordance with organizational policy. (See GMR PPE Policy)

Specifically, recommended PPE for caregivers includes:

• A single pair of disposable patient examination gloves (change gloves if they become torn or heavily contaminated)

• Disposable isolation gown

• Respiratory protection (N-95 or higher-level respirator)

• Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

• Drivers or pilots, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), should wear all recommended PPE in accordance with organizational policy and federal guidelines.

• After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE except for the N95 mask (see provided donning and doffing poster) and perform hand hygiene to avoid soiling the compartment.

If the transport vehicle (aircraft or ambulance) does not have an isolated (separate) compartment, the driver or pilot for operation of the transport vehicle should remove the face shield or goggles, gown and gloves and perform hand hygiene. An N95 respirator should continue to be used during transport by the driver or pilot. For pilots, the N95 is appropriate to wear in the presence of helmets, visors and/or night vision goggles. All personnel should avoid touching their face while working. After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE and perform hand hygiene to avoid soiling the door handle and compartment. On arrival, after the patient is released to the facility and the vehicle or aircraft is appropriately decontaminated, EMS clinicians should remove and discard PPE and perform hand hygiene. All personnel should follow appropriate donning and doffing procedures (see provided donning and doffing poster). Used PPE should be discarded in accordance with routine procedures.

- Post Transport Ambulance or Aircraft Decontamination
    - Dedicated medical equipment should be used whenever possible for patient care (not always an option). All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and GMR Operations policies. It's vitally important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
    - The following are general guidelines from CDC for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI/confirmed COVID-19 patient:
        - After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
        - When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim: "[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces." This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "SARS-CoV-2" will not appear on the product or master label. If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label. Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.

- GMR Facility and Disinfecting Guidance for Employees
  - Clean and disinfect high-touch surfaces in work areas (e.g. keyboards, desks, tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks) after shift change, during employee hand off or more routinely to ensure a clean and disinfected work area.
  - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - For disinfection, diluted household bleach solutions, alcohol solutions with at least 60% alcohol, disinfectant wipes or other EPA N List approved cleaner/disinfectant should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not expired. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Prepare a bleach solution by mixing:
    - 5 tablespoons (1/3 cup) bleach per gallon of water or
    - 4 teaspoons bleach per quart of water

- For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- After cleaning:
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clothing, towels, linens and other items that go in the laundry
  - Wear disposable gloves when handling dirty laundry. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
  - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
  - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing the virus through the air.
  - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
- Hand hygiene and other preventive measures
  - Employees should clean hands often by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
  - Employees should follow normal preventive actions while at work and home including recommended hand hygiene and avoiding touching eyes, nose or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one's nose, coughing or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g. a child)

Resources found on the [GMR Emerging Infectious Diseases website]

* GMR PPE Policy
* Blood and Body Fluid Precautions for EMS (Poster)
* Transport Procedures (Specific EMS Management Document)
* Approved chemical and PPE products for ground and air use
* PPE Donning and Doffing Video: CDC Sequence for COVID-19
* Guidance on how to wear a mask
*GMR COVID -19 Linen-Uniform Cleaning Decontamination Procedures
* Ventilator Transport Considerations
*GMR Air Operations COVID-19 Guidelines for Pilots
*GMR Facility and Disinfecting Guidance for Employees
*Break Room and Workspaces Cleanliness Poster
*COVID-19 Stay Healthy and Safe Poster
* COVID019 Guidelines for GMR Call Intake Centers
* NIOSH Respirator Awareness
* GMR PPE Infographic

VI. **Exposure reporting and follow up**

Global Medical Response utilizes a Facility Access Screening Tool™ (F.A.S.T) to screen employees and visitors for COVID related symptoms and to provide authorization and instructions regarding access to GMR facilities.

The Medical Assessment Screening Tool™ (M.A.S.T) is used to screen and assess employees for symptoms and workplace related exposures. Guidance regarding isolation, ability to work and follow up medical care are provided based on the answers provided by the employee. In the event an employee is directed to the M.A.S.T, the COVID-19 STARS entry and OSHA Recordable Decision Tree will be used in conjunction with the normal employee injury reporting process.

Individual employee follow-up is managed by the employee's supervisor and Human Resources associate in accordance with established Company policies and procedures regarding illness and injury.

Under OSHA's recordkeeping requirements, COVID-19 may be a recordable illness, and thus employers are responsible for recording cases of COVID-19, if:

- The case is a confirmed case of COVID-19, as defined by the Centers for Disease Control and Prevention (CDC).[2]
- The case is work-related as defined by 29 CFR § 1904.53 and
- The involves one or more of the general recording criteria set forth in 29 CFR § 1904.7.4

Resources: (GMR Emerging Infectious Diseases Website)

* GMR Medical Assessment and Screening Tool (MAST) and How-to Videos

* GMR Facility Assessment Screening Tool (FAST) and Job Aid

* GMR COVID-19 Call Center Exposure Protocols

VII. **Contingency Planning**

Global Medical Response has developed several contingency plans and strategies to include:

- Contingency Capacity Strategies for shortages of N95 Respirators
    - The worldwide magnitude of a large-scale infection creating the substantial demand for N95 respiratory protection has the potential to be greater than manufacturer production or available supplies. Thus, all GMR operations should anticipate the future potential of N95 respirator shortages. As such, CDC has developed guidelines for use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing. In times of shortage, consideration can be made to use N95 respirators beyond the manufacturer designated shelf life. However, expired respirators might not perform to the requirements for which they were certified. Over time, components such as the strap and material may degrade, which can affect the quality of the fit and seal. Because of this, use of expired respirators could be prioritized for situations where the provider is NOT exposed to pathogens, such as training and fit testing. As expired respirators can still serve an important purpose, GMR Operations should retain all N95 respirators during the early phases of this outbreak. Additionally, when a covered employee is fit tested he or she should keep the N95 mask that they were successfully fitted in during the fit test for future use in accordance with this guidance. The N95 should not be destroyed or disposed of. Practices allowing extended use of N95 respirators, when acceptable, can also be considered. The decision to implement policies that permit extended use of N95 respirators will be made by the professionals who manage GMR's respiratory protection program, in consultation with their occupational health and infection control expertise with input from the state/local public health departments. CDC has recommended guidance on implementation of extended use of N95 respirators in healthcare settings. Extended use has been recommended and widely used as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics. Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., in the same vehicle, area, etc.)
        - Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
        - Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
        - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

- Global Medical Response has partnered with Battelle to provide access to their Critical Care Decontamination (CCDS) process. The Battelle CCDS addresses the current shortage of critical Personal Protective Equipment (PPE) across the United States. Battelle CCDS is designed to work on N95 respirators for the decontamination of the novel coronavirus (SARS-CoV-2). N95 respirators are exposed to a validated vaporous hydrogen peroxide process that leaves no viable virus behind.
- Global Medical Response has developed a comprehensive Return to Work Playbook to address the changes in our workspaces that are necessary to protect our employees and visitors.
    - The Playbook includes the following information:
        - Health and Safety Protocols
        - Facility Readiness
            - GMR Responsibilities
            - Compliance with local public health
            - Facility checklist and signage requirements
            - Cleaning and Disinfection Procedures
        - Employee Preparation
            - Employee safeguards
            - Requirements for visitors
        - Standard Operating Procedures
        - Guidelines for Employee Safety and Well-Being
            - Mental health and well being
            - Employee Assistance Program

Resources: (GMR Emerging Infectious Diseases Website)

* AHA Guidance on Card Extensions

* Childcare Stipend Application and Renewed announcement

* Student Intern Agreement and Release

* GMR COVID-19 Call Center Exposure Protocols

* Third Rider Policy Update

VIII. Provider Education

Foundational education:

Every clinical GMR employee has been provided with education at hire, and annually thereafter, on the principles of exposure prevention, personal protective equipment (PPE) and infectious diseases. Non-clinical GMR employees receive education on basic hygiene and workplace safety. Those foundational educational principles apply fully in our preparation and response to a potential or confirmed COVID-19 patient.

Targeted education:

GMR has partnered with Emory University & Dr. Alex Isakov to provide a targeted on-line, one hour educational program designated "Protecting the Healthcare Worker in the Era of Novel Coronavirus, Bird Flu and Other Serious Communicable Diseases" covering specific pathogens such as MERS, SARS and the Novel Coronavirus. All Clinical, Operation & Safety leadership should complete the on-line course assigned in their respective Learning Management System. This course is also available in all employees optional learning plan. An abbreviated, focused 20-minute COVID-19 educational presentation is available in the GMR Learning Management Systems for all employees.

Supplemental education:

Additional, pertinent educational materials will be available on all internal Learning Management Systems and posted on the company website at globalmedicalresponse.com/coronavirus.

Physician Medical Directors.

GMR physician medical directors are available for specific targeted education and consultation through the Hotline Number (855.361.1996).

Resources: (GMR Emerging Infectious Diseases Website)

* GMR Caregiver Well-being Resource Wallet Card

Appendix A: Job Safety Risk Analysis Classification

DATE: 07/22/2020 COMPLETED BY: GMR Safety	COVID-19 RISK ANALYSIS FORM		
JOB TITLES	POTENTIAL TASKS BEING PERFORMED	SAFE JOB PROCEDURES IN PLACE (Engineering/Administrative/Work Practice and PPE Controls)	WORKER EXPOSURE RISK LEVEL

Field and operation employees-Clinical:
EMT Basic
EMT Intermediate
Paramedic Basic
Paramedic CCT
Training Officer Field EMT
Training Officer Field Paramedic
Air Medical-Pilot
Air Medical-Clinical Crewmember
	Personnel are engaged the treatment and/or transport of sick, injured or non-ambulatory patients in both the ground and air setting and may come into contact with patients who may be infected with the COVID-19 virus and environments were surfaces or equipment have been exposed to viral particles. In accordance with licensure/certification scope of practice personnel may be engaged in:
	Aerosolized generating procedures include:
	1. Airway suctioning
	2. Endotracheal intubation and airway management
	3. Continuous positive airway pressure (CPAP)
	4. Cardiopulmonary Resuscitation (CPR)
	5. Administration of nebulized medications
		• Employee facility pre-entry screening for COVID-19 symptoms in accordance with current CDC guidelines
		• Mandatory cloth face covering for all staff in non-patient care settings
		• Minimum of procedural mask for every patient contact and provider for all contacts
		• N95 or <, isolation gowns, eye protection, and gloves when performing or present for aerosol generating procedures
		• Continued compliance with organization respiratory protection and exposure control programs
		• Ambulance ventilation system.
		  ○ No plastic between cab and patient compartment
		  ○ Turn exhaust fan on
		  ○ Do not use the recirculate feature on the control panel (Max A/C)
		  ○ If permissible, open the windows in the cab of the truck while keeping the exhaust fan on. If conditions do not
			Very High Risk

		permit cab windows to be opened, use only fresh air intake, and not recirculated • Ambulance decontamination procedures in accordance with GMR guidelines • Adherence to facility decontamination guidelines. • Access to hand soap, water, and alcohol-based and sanitizer	

Field and operation employees-Clinical:
EMT Basic
EMT Intermediate
Paramedic Basic
Paramedic CCT
Training Officer Field EMT
Training Officer Field Paramedic
Air Medical-Pilot
Air Medical-Clinical Crewmember
	Personnel are engaged the treatment and/or transport of sick, injured or non-ambulatory patients in both the ground and air setting and may come into contact with patients who may be infected with the COVID-19 virus and environments were surfaces or equipment have been exposed to viral particles. In accordance with licensure/certification scope of practice personnel may be engaged in:
	Non-aerosolizing Procedures:
	1. Intravenous line placement
	2. Intravenous Drug Administration
	3. Bleeding control and bandaging
	4. Fracture Splinting and immobilization
		• Employee facility pre-entry screening for COVID-19 symptoms in accordance with current CDC guidelines
		• Mandatory cloth face covering for all staff in non-patient care settings
		• Minimum of procedural mask for every patient contact and provider for all contacts
		• Continued compliance with organization respiratory protection and exposure control programs
		• Ambulance ventilation system.
		  ○ No plastic between cab and patient compartment
		  ○ Turn exhaust fan on
		  ○ Do not use the recirculate feature on the control panel (Max A/C)
		  ○ If permissible, open the windows in the cab of the truck while keeping the exhaust fan on. If conditions do not permit cab windows to be opened, use only fresh air intake, and not recirculated
		• Ambulance decontamination procedures in accordance with GMR guidelines
		• Adherence to facility decontamination guidelines.
		• Access to hand soap, water, and alcohol-based hand sanitizer
			High Risk

Transportation Employees Non-clinical: Driver - Not Wheelchair Driver Wheelchair		• Employee facility pre-entry screening for COVID-19 symptoms in accordance with current CDC guidelines • Mandatory cloth face covering for all staff in non-patient care settings • Minimum of procedural mask for every patient contact and provider for all contacts • Vehicle decontamination procedures in accordance with GMR guidelines • Adherence to facility decontamination guidelines. • Access to hand soap, water, and alcohol-based hand sanitizer	High Risk

Administration employees: Account Executive President Southeast Region Director Regional AMR Ops I Manager Human Resources Recruiter Representative Human Resources Scheduler Risk and Safety staff Coordinator Clinical Education Services Coordinator Clinical Operation Coordinator Transport Manager Clinical Education Manager Operations Specialist Clinical Education Supervisor Administration Supervisor Operations	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus. Touching infected environmental surfaces in the workplace.	• Screening employees for COVID-19 symptoms prior to entering our facilities • Limiting non-employee access to the place of employment or restrict access • Telecommuting • Staggered shifts • Adherence to facility decontamination and cleaning guidelines • Deep cleaning protocols in place for workplace infection • Physical distancing and re-arranging workstations • Access to common areas, breakrooms, restrooms, and lunchrooms is controlled • Wearing at least a cloth face covering while in the workplace. • The use of barriers where appropriate • Access to hand soap, water, and alcohol-based hand sanitizer • Occupancy limits that permit physical distancing	Low to Medium Risk

Support employees: Manager Fleet Regional Mechanic Associate Mechanic Intermediate Mechanic Lead Supervisor Fleet Vehicle Service Tech Associate	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus. Touching infected environmental surfaces in the workplace.	• Screening employees for COVID-19 symptoms prior to entering our facilities. • Staggered shifts. • Adherence to facility decontamination and cleaning guidelines • Deep cleaning protocols in place for workplace infection • Physical distancing and re-arranging workstations. • Access to common areas, breakrooms, restrooms, and lunchrooms is controlled • Wearing at least a cloth mask while in non-patient care settings. • Install barriers where appropriate. • Access to hand soap, water, and alcohol-based hand sanitizer. • Decontaminated of vehicles per GMR guidelines prior to support employees servicing • Occupancy limits that permit physical distancing	Medium Risk

Communication employees to include: Coordinator Care II Dispatch Lead Dispatcher II Manager Call Center Manager Communication Dispatch Specialist Communications Ctr	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus. Touching infected environmental surfaces in the workplace.	• Screening employees for COVID-19 symptoms prior to entering our facilities • Staggered shifts • Adherence to facility decontamination and cleaning guidelines • Deep cleaning protocols in place for workplace infection • Physical distancing and re-arranging workstations • Access to common areas, breakrooms, restrooms, and lunchrooms is controlled • Wearing at least a cloth mask while in non-patient care settings • Install barriers where appropriate • Access to hand soap, water, and alcohol-based hand sanitizer	Low to Medium Risk