
SR – 000.00 COVID-19 PPE REQUIREMENTS / EXPOSURE MANAGEMENT / RETURN TO WORK CRITERIA

I. PURPOSE

The purpose of this COVID-19 policy is to provide direction to staff for mitigating workplace exposure and spread of the COVID-19 virus with special emphasis on the characteristics of the Omicron Variant based upon available data and CDC guidelines and recommendations. Prevention relies on the elements contained in this document including the appropriate use of Personal Protective Equipment (PPE) and masks. Based on all available evidence to date and current CDC recommendations, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in vehicles/aircraft, on scene with the patient or in GMR facilities will follow precautions in accordance with organizational policy. This policy is intended to work in conjunction with applicable federal, state and local laws and standards. When those rules are more stringent than those outlined in this policy, those rules should be followed.

II. DEFINITIONS

1. COVID-19 Contact: Being within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19 regardless of vaccine status and when appropriate PPE or mask is utilized.
2. COVID-19 Exposure: Contact with the COVID-19 virus in a manner that promotes transmission and increases the likelihood of disease regardless of vaccine status when PPE or mask is not used or breach occurs.
3. Face Covering: Includes procedure masks that have ear loops, are not typically fluid impervious and not intended for use in setting where sterility is concerned, cloth face coverings or KN-95
4. Isolation: keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.
5. NIOSH: National Institute of Occupational Safety and Health
6. Personal Protective Equipment (PPE)- Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as

gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full body suits. "PPE" does not include face coverings, cloth face masks, scarves, bandanas or gaiters.

7. Physical Distancing: The ability to maintain physical separation of at least 6 ft. from one person(s) to the next.
8. Physician/Licensed Health Care Professional: An individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required.
9. Qualitative Fit Test: A qualitative fit test (QLFT) is a type of respirator fitting test that relies on the user's sense to determine whether there is any leak in the seal of the respirator to his/her face.
10. Quantitative Fit Test: A quantitative fit test (QNFT) is a type of respirator fitting test that numerically evaluates respirator fit, measuring the leakage into the respirator.
11. Quarantine: keeps someone who was in close contact with someone who has COVID-19 away from others.
12. Reuse: Refers to the practice of using the same N-95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The N-95 respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades. For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional and is used in accordance with local infection control procedures.
13. Vaccinated: Fully vaccinated is defined as 14 days after the second doses of the Moderna or Pfizer vaccine or 14 days after the single Johnson & Johnson vaccine.
14. Boosted: Additional recommended vaccine after completing "fully vaccinated" series

II. POLICY

This policy is based on available evidence to date and current CDC guidance, employees who will directly care for or transport a patient with possible or known COVID-19 infection or who will be in

the vehicle/aircraft with the patient, on scene with a patient or in a GMR facility will adhere to the elements and precautions contained in this policy.

PROCEDURE

A. Personal Protective Equipment/Face Covering Usage

1. All employees must wear a face covering at all times when they are in GMR facilities and vehicles. GMR facilities and vehicles include, but are not limited to ground ambulance vehicles, rotor and fixed wing aircraft, office facilities, crew quarters, and maintenance sites. This policy applies when employees are between calls, responding to calls for service or in office facilities, crew quarters, maintenance site, etc..
2. You no longer need to be quarantined if you do not have symptoms after a COVID-19 Contact with someone who has confirmed or suspected COVID-19. However, if you have COVID-19 Exposure or if you begin to show symptoms associated with the virus, you should not come to the workplace, contact your supervisor and complete the SafeRestart screening process. The SafeRestart application is being updated with new criteria and will be found on the GMR OKTA site.
3. Face coverings including the KN-95 can be obtained by ordering from via the Basware interface. Gaiters, bandanas, turtlenecks, scarves, etc. are not approved as emerging data suggests that they do not offer the same levels of protection afforded by a 3-ply face covering.
4. Face coverings must cover the mouth and nose and should not hang freely from the ear or neck.
5. For patient contact, use of the following PPE is required:

- a. NIOSH approved N-95 respirators or respirators (hereafter referred to as respirator) that offer a higher level of protection are used instead of a face covering for all patient contacts in addition to-
 - b. Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses) Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - c. A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated. Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
 - d. Isolation Gown—Gowns are prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
6. 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 appropriate respirator (and perform hand hygiene with soap and water or an 60% alcohol-based sanitizer to avoid soiling the compartment.
 7. Patients and/or family/friends should be wearing their own face covering (if clinically appropriate) throughout the duration of the encounter, including during transport. If they do not have a face covering, they will be provided a face covering. Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
 8. If a nasal cannula is used, a facemask should (ideally) be worn over the cannula. Alternatively, an oxygen mask can be used if clinically indicated.
 9. The driver or pilot for operation of the transport vehicle should remove the protective eye wear, gown and gloves and perform hand hygiene. An appropriate respirator will continue to be used in accordance with these guidelines during transport by the driver or pilot. For pilots, the respirator is appropriate to wear in the presence of helmets, visors and/or night vision goggles.
 10. The use of temporary partitions (sheets, blankets, plastic, etc.) is not approved in GMR ground or air vehicles.
 11. After the patient is released to the facility and the vehicle or aircraft is decontaminated in accordance with GMR vehicle decontamination procedures, transporting staff should perform hand hygiene, remove and discard PPE and perform hand hygiene again. All personnel should follow appropriate donning and

doffing procedures. Used PPE is discarded in accordance with routine procedures. Applicable decontamination as well as donning/doffing guidance located on GMR Emerging Infectious Disease site.

B. Appropriate N-95 Respirator Fit Testing and Facial Hair

1. All employees who are engaged in the treatment or transport of patients must be prepared to wear a respirator. Prior to use of the respirator employees must complete a respiratory medical questionnaire in accordance with OSHA standard 1910.134 appendix C and be cleared by a Physician or other Licensed Health Care Professional (PLHCP). Following completion of these steps, respirators must be appropriately fit tested using either the qualitative or quantitative testing protocol in accordance with OSHA 1910.134 requirements. Fit testing must occur with applicable safety equipment in place, e.g. helmets and safety glasses. Facial hair that comes between the sealing surface of the respirator and the face must be removed. Individuals that do not remove facial hair that interferes with a proper seal will not be permitted to engage in the treatment or transportation of patients given the substantial risk to themselves, other providers and the community.

C. Exemptions and Employee Owned PPE

1. In accordance with OSHA standard 190.134, no medical or religious exemptions for the PPE described above are allowed.
2. The use of employee purchased PPE is not permitted.

D. Respirator Re-Use

- a. Respirators should be discarded after each patient contact in accordance with CDC guidance.

E. Support Staff

1. When Vehicle Service Technicians, vehicle or aircraft maintenance staff come into contact with infected equipment or vehicles the following protective equipment must be utilized:
 - a. Face covering
 - b. Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

- c. A single pair of disposable patient examination gloves. The gloves should be changed if they become torn or heavily contaminated.
- d. Hand sanitizers or wipes should be used to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
- e. Isolation Gown-if the possibility of splashing exists

F. COVID-19 Exposure and Confirmed COVID-19 Infection Requirements

1. As of 12/30/21 as a result of the Omicron surge – all GMR employees and external visitors, regardless of vaccination status, must be wearing appropriate face coverings at all times while in GMR buildings, vehicles, and aircraft.
2. An appropriately fitted Respirator must be worn by all GMR employees involved in patient contact.
3. There is currently no role for individual testing of asymptomatic contacts.
4. If a boosted, vaccinated or unvaccinated employee tests positive (by rapid antigen or PCR test) and are asymptomatic – they should isolate for 5 days (from date of positive test) and may return to work if they remain asymptomatic at the end of 5 days. As with all individuals, masks must be worn at all times in the workplace.
5. If a boosted, vaccinated or unvaccinated employee has a direct COVID-19 Exposure, they should quarantine for 5 days and may return to work if they remain asymptomatic at the end of 5 days. As with all individuals, masks must be worn at all times in the workplace.
- 6. In CRISIS conditions (as specifically declared by the local GMR Operation and in consultation with GMR Safety, Clinical, Legal and Operations), employees who test positive for COVID-19 and are asymptomatic may be permitted to work based on specific criteria defined by case by case basis.**

Failure to adhere to the guidelines contained in this policy may result in individual infection, transmission of illness and/or disciplinary action.

III. POLICY REVIEWS

The evolution of COVID-19 transmission continues to evolve and this policy guidance is subject to change. This policy will be reviewed on an annual basis or as changes in procedure require a more frequent update.

IV. POLICY RETENTION

Revised or replaced policies will be retained for a minimum of seven years, unless otherwise stated by the GMR Data Retention Policy. These must be archived and accessible if requested by legal counsel.

V. POLICY POSTING

This policy will be posted to the policy library on the PMS at the appropriate disclosure level. This will be the only official posting of company policies, and the posted policies will be the only ones approved for use.