COVID-19 Pre-Entry Screening Procedure

1. Background

Coronavirus disease was first described in 1931, with the first coronavirus isolated from humans in 1965. Until 2003, coronaviruses attracted little interest beyond causing mild upper respiratory tract infections. This changed dramatically in 2003 with the zoonotic SARS-CoV and the more recent emergence of MERS-CoV has confirmed the coronaviruses as significant causes of severe respiratory disease.

Coronaviruses are a large family of viruses that are common throughout the world. These viruses can live in animals, such as camels, cats and bats. While they are commonly found in animals, there are seven coronaviruses that are zoonotic, meaning they can jump from animals to humans.

Coronaviruses (CoV) are a group of viruses that affect humans, causing a range of different symptoms from the common cold to Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). These viruses are particularly dangerous because they can be carried and transmitted between different species, which increases their potential of spreading out to a global scale.

Human coronaviruses spread just like the flu or a cold—through the air by coughing or sneezing; through close personal contact, like touching or shaking hands; by touching an object or surface with the viruses on it; and occasionally, through fecal contamination. This has occurred previously with the Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS) outbreaks.

Coronavirus that was first detected in China and which has now been detected in almost 70 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

2. Source

The SARS-CoV-2 virus is an enveloped virus of zoonotic origin (between animals and humans), like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

3. Symptoms

Usually, symptoms are mild, similar to a common cold including: headache, coughs, sore throat, difficulty breathing, fever, general lethargy.

More severe symptoms may include:

- Pneumonia
- Kidney Failure
- Severe Acute Respiratory Syndrome (SARS)

As with all viruses, it is the most vulnerable: the elderly and the chronically ill seem to be at greater risk of serious illness. In fact, many of the patients who have died during the initial outbreak, had underlying health conditions including cirrhosis of the liver, hypertension, heart disease, lung disease and diabetes.

Personnel involved in a known or potential COVID-19 must be aware of the symptoms and notify their supervisor at once if they are exhibiting any signs or symptoms.

4. Risk

At the writing of this document, there is no cure for the coronavirus because it is so new.

- For most of the American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered low.
- People in communities where ongoing community spread with the virus that causes COVID-19 has been reported are at elevated, though still relatively low risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure.
- Despite the low risk of exposure in most job sectors, some workers in the United States may have exposure infectious people, including travelers who contracted COVID-19 abroad. Workers with increased exposure risk include those involved in:
    - Healthcare (including pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff).
    - Deathcare (including coroners, medical examiners, and funeral directors).
    - Airline operations.
    - Waste management.
    - Travel to areas, including parts of China, where the virus is spreading.
- In assessing potential hazards, employers should consider whether or not their workers may encounter someone infected with COVID-19 in the course of their duties. Employers should also determine if workers could be exposed to environments (e.g., worksites) or materials (e.g., laboratory samples, waste) contaminated with the virus.
- Depending on the work setting, employers may also rely on identification of sick individuals who have signs, symptoms, and/or a history of travel to COVID-19-affected areas that indicate potential infection with the virus, in order to help identify exposure risks for workers and implement appropriate control measures.

5. Response Criteria

5.1. Control and Prevention

5.1.1.Information

At this time, the U.S. Centers for Disease Control and Prevention (CDC) emphasizes that, while the novel coronavirus, COVID-19 poses a potentially serious public health threat, the risk to individuals is dependent on exposure. For most people in the United States, including most types of workers, the risk of infection with COVID-19 is currently low. Employers and workers in operations where there is no specific exposure hazard should remain aware of the evolving outbreak situation. Changes in outbreak conditions may warrant additional precautions in some workplaces not currently highlighted in this guidance.

Measures for protecting workers from exposure to, and infection with, the novel coronavirus, COVID-19 depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and contamination of the work environment. Employers should adapt infection control strategies based on a thorough hazard assessment, using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent worker exposures. Some OSHA standards that apply to preventing occupational exposure to COVID-19 also require employers to train workers on elements of infection prevention, including PPE.

5.1.2. Prevention

Workers tasked with cleaning surfaces that may be contaminated with COVID-19 virus must be protected from exposure. Employers are responsible for ensuring that workers are protected from exposure to COVID-19 and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection.

In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite.

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. On an aircraft, move potentially infectious people to seats away from passengers and crew, if possible and without compromising aviation safety. In other worksites, move potentially infectious people to a location away from workers, customers, and other visitors.
- Take steps to limit spread of the person's infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing

so. Note: A surgical mask on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).

- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission, including in screening, triage, or healthcare facilities.
- Restrict the number of personnel entering isolation areas, including the room of a patient with suspected/confirmed COVID-19.
- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.

**CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.*

Train all workers with reasonably anticipated occupational exposure to COVID-19 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases.

Workers who conduct cleaning tasks must be protected from exposure to blood, certain body fluids, and other potentially infectious materials covered by OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) and from hazardous chemicals used in these tasks. In these cases, the PPE (29 CFR 1910 Subpart I) and Hazard Communication (29 CFR 1910.1200) standards may also apply.

Do not use compressed air or water sprays to clean potentially contaminated surfaces, as these techniques may aerosolize infectious material.

5.1.3. Response

5.1.3.1. Environmental Cleaning and Disinfectant

Cleaning and disinfection of environmental surfaces are important components of routine infection control. Although little is known about the extent of environmental contamination after persons suspected/confirmed to have COVID-19 have been in, epidemiologic and laboratory evidence suggests that the environment could play a role in transmission. Therefore, cleaning and disinfection are critical to the control of COVID-

19 transmission. Environmental cleaning and disinfection for COVID-19 follows the same principles generally used in healthcare settings.

Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

- Cleaning an area that **NO CONFIRMED or SUSPECTED** COVID-19 cases have been identified:
    - Diluted household bleach solutions or other approved disinfectant surfactants can be used for these applications if appropriate for the surface.
    - Clean and disinfect high-touch hard surfaces daily in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, work stations, restrooms, eating & food prep areas, and meeting areas).
    - Also, clean any surfaces that may have blood, stool, or body fluids on them.
    - Linens, Clothing, and Other Items That Go in the Laundry
    - Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
        - Wash 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 that has been in contact with an ill person can be washed with other people's items.
        - Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
    - No special treatment is necessary for window curtains, ceilings, and walls unless there is evidence of visible soil. Soft surface items; curtains, cushion covers, area throw rugs can be placed in bags and sent for outside cleaning.
- Cleaning an area with **CONFIRMED or SUSPECTED** COVID-19 cases have been identified:
    - The use of an EPA-registered approved hospital disinfectant shall be used for these applications if appropriate for the surfaces.

- Clean and disinfect all surfaces that were in contact with the patient or may have become contaminated during patient care.
- Clean and disinfect high-touch hard surfaces daily in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, work stations, restrooms, eating & food prep areas, and meeting areas).
- Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Linens, clothing, and other Items that go in the laundry
- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
- Wash 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 that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.
- Soft surface items; curtains, cushion covers, area throw rugs can be placed in bags and transported to be laundered.

Do not spray (i.e., fog) occupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

Screening staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, 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 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

5.1.3.2. Medical Waste

Medical waste has not been implicated in the transmission of SARS-CoV. Therefore, no special handling procedures are recommended for SARS-CoV-contaminated medical waste.

- Contain and dispose of SARS-CoV-contaminated medical waste in accordance with facility-specific procedures and/or local or state regulations for handling and disposal of medical waste, including used needles and other sharps.

- Discard as routine waste used patient-care supplies that are not likely to be contaminated (e.g., paper wrappers).
- Wear disposable gloves when handling waste. Perform hand hygiene after removal of gloves.

5.1.3.3. Textile (Linen and laundry)

Contact with textiles has not been implicated in the transmission of SARS-CoV. Therefore, no special handling procedures are recommended for linen and laundry that may be contaminated with SARS-CoV.

5.1.3.4. Dishes and Eating Utensils

Dishes and eating utensils have not been implicated in SARS-CoV transmission. Therefore, no special precautions, beyond those for Standard Precautions, are recommended for dishes and eating utensils used by a patient with known or possible SARS-CoV disease.

5.1.3.5. Patient-care Equipment

Follow standard practices for handling and reprocessing used patient-care equipment, including medical devices. Wear gloves when handling and transporting used patient-care equipment.

Wipe heavily soiled equipment with an EPA-approved hospital disinfectant before removing it from the patient's room. Follow current recommendations for cleaning and disinfection or sterilization of reusable patient-care equipment.

Wipe external surfaces of portable equipment for performing x-rays and other procedures in the patient's room with an EPA-approved hospital disinfectant upon removal from the patient's room.

5.1.3.6. Thermometer disinfecting

After each use, the Thermometer will be wiped clean with an approved disinfectant per EPA List N.

5.2. Screening Process

5.2.1. Screening Questions

5.2.1.1. Screener will ask subjects all of the screening questions as provided by the client before coming within 6' of the subject.

5.2.1.2. Screener will document findings on approved form supplied by Client. These forms at the end of each shift must be kept on record with SET and kept Confidential.

5.2.1.3. Screener is to keep form confidential in order to protect subject's information obtained.

5.2.1.4. Screener will attempt to be upwind of subject to help avoid airborne transmission.

5.2.1.5. Screener is not to share their pen or any other equipment.

5.2.1.6. Screener shall mark a delineating distance of at least 6' as per CDC recommendation.

5.2.1.7. If subject answers any questions with a disqualifying answer, subject is not allowed to approach within 6’ of the screener.

5.2.1.8. If subject answers all questions without any disqualifying answers, subject will be allowed to approach the screener.

5.2.1.9. Before subject approaches within 6’ of screener, screener must have all necessary PPE donned including respiratory protection and face shield.

5.2.1.10. Once subject approaches it is important for screener to obtain subject’s temperature immediately to determine if they are symptomatic.

5.2.1.11. Temperature Reading

5.2.1.11.1. Preferred method of temperature reading is an Infrared style scanner that would require no contact with the subject.

5.2.1.11.2. If it is a SET Environmental supplied Thermometer, it will be a Exergen Smart Glow Thermometer Model TAT-2000c. This thermometer performs a forehead scan that will require skin contact with the subject. Disinfection required after each use per section 5.1.3.6.

5.2.1.11.3. Screener must be trained and familiar with the operation of the thermometer being used including any calibration or necessary preventive maintenance on the unit.

5.2.1.11.4. Verbal consent must be given by the subject before temperature reading is obtained.

5.2.1.11.5. Screener must perform temperature reading in adherence within manufacturer’s recommendations of thermometer.

5.2.1.12. **If temperature reading is under temperature indicated by client** (CDC guideline for fever is 100.4 degrees F), subject will be allowed to pass the screening process based on screening criteria indicated by client.

5.2.1.13. **If temperature is over 100.4 degrees F**, the subject is to be isolated in a designated staging area determined by Client and await further instructions by Client and not be within 6’ of any persons not wearing the proper PPE.

5.2.1.13.1. Screener is then required to properly doff outer protective layer and follow personal decontamination procedures per SET Bloodborne Procedures.

5.2.1.13.2. Screener is then to dispose of outer layer properly per SET Bloodborne Policy.

5.2.1.13.3. Screener is to disinfect all equipment that can properly be disinfected and reused.

5.2.1.13.4. Any equipment that cannot be properly disinfected is to be discarded of per SET Bloodborne Policy.

5.2.1.13.5. Screener will obtain information about the visitor as specified by the client's procedure, screening form or as otherwise directed by client.

5.2.1.13.6. Any potential exposure or interaction within 6' of a subject that is symptomatic, SET/Advanced Rescue & Safety management needs to be notified as soon as possible and an incident report will need to be submitted.

6. PPE

6.1. Selection

Direct physical contact with the waste is to be avoided. And while remote handling of waste is a best workplace practice, an additional measurement of protection shall be utilized by all Field Service Crew Personnel performing area cleaning or removing waste contaminated or potentially contaminated with COVID-19 pathogens or OPIM.

The following procedures provide detailed guidance on the types of personal protective equipment (PPE) to be used and on the processes for donning and doffing PPE for all workers.

PPE Components

Glove; nitrile (6 – 12 mil)

Safety Glasses

Coveralls, Outer Rain Suit, or Tyvek Suit (must be zipped or buttoned up completely)

Safety Toe Footwear

N95 or APR with successful qualitative or quantitative Fit Test within 1 year (when within 6' of subject)

Full Face Shield (when within 6' of subject)

Safety Vest or Equivalent Reflective Striping if on roadway

Other equipment appropriate for the site and associated hazards

For workers who may spend extended periods of time in PPE, safety and comfort are critical. Standardizing attire under PPE (e.g., surgical scrubs or disposable garments and dedicated washable footwear) facilitates the donning and doffing process and eliminates concerns of contamination of personal clothing. Exposed skin is to be kept to the absolute minimum.

7. Waste

Waste Containment - Waste generated during the process of decontamination activities will be characterized as RCRA non-hazardous. All waste bulk and non-bulk will be packaged and transported offsite in accordance with applicable regulations for non-hazardous waste. **NOTE**: Also check specific requirements of disposal or receiving facility to whom waste is to be sent.

8. Applicable Standards

Information:

OSHA's Bloodborne Pathogens standard 29 CFR 1910.1030 covers exposure to COVID-19 virus. COVID-19 is among the subset of contact-transmissible diseases to which the Bloodborne Pathogens standard applies, as it is transmitted by blood or other potentially infectious materials as defined in the standard.

Depending on the specific work task, setting, and exposure to biological or chemical agents, additional OSHA standards, including the following, may also apply:

- OSHA's Personal Protective Equipment standard 29 CFR 1910.132
- OSHA's Respiratory Protection standard 29 CFR 1910.134.
- OSHA's Hazardous Communication standard 29 CFR 1910.1200

9. Training and Qualifications

9.1 Qualifications

Screener must be trained to the minimum level of 40-hour Emergency Medical Responder (EMR). Also acceptable are personnel that have been trained as a Emergency Medical Technician (EMT), Paramedic or Registered Nurse (RN).