



Introduction

Governments worldwide are responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in almost 90 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”).

This plan is considered a living document that contains information and recommendations to guide the City of Ontario’s response to COVID 19 and will be updated as new findings are available on a continuing basis.

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Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with [MERS-CoV](#), [SARS-CoV](#), and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, 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.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the [United States](#). Some international [destinations now have apparent community spread](#) with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed. Learn what is known about the [spread of this newly emerged coronaviruses](#).

Illness Severity

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, [a report](#) out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure:

- Fever
- Cough
- Shortness of breath

There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

Risk Assessment

Outbreaks of novel virus infections among people are always of public health concern. The risk to the general public from these outbreaks depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness). That this disease has caused severe illness (including illness resulting in death) is concerning, especially since it has also shown sustained person-to-person spread in several geographic locations. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the

world moves closer toward meeting a third criteria: global proliferation of the new virus. It is important to note that current circumstances suggest it is likely that this virus will cause a pandemic. This is a rapidly evolving situation and CDC's risk assessment will be updated as needed.

Current risk assessment:

- For most people, the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low. This virus is not currently widespread in the United States.
- People are at elevated risk of exposure in places where ongoing community spread of the virus that causes COVID-19 has been reported, with increase in risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated 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, with increase in risk dependent on the location.

What May Happen

More cases of COVID-19 are likely to be identified in the coming days, including more cases in the United States. Increased testing will likely demonstrate a greater infection rate not necessarily because of a more aggressive virus, but due to more opportunity to test and diagnose. It's also likely that sustained person-to-person spread will continue to occur throughout communities in the United States. It's likely that at some point, widespread transmission of COVID-19 in the United States will occur.

Widespread transmission of COVID-19 would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, and workplaces, may experience more absenteeism. Mass gatherings may be sparsely attended or postponed. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutical interventions would be the most important response strategy.

Disease Prevention

The CDC recommends the following basic precautions to prevent spread of COVID-19:

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Disaster Service Worker

As a local government employee, your daily roles and responsibilities directly impact the lives of people who live, work, and visit the City of Ontario. As a Disaster Service Worker, during a declared emergency or disaster, the City may ask you to change your normal scope of duties or routines to fulfill an unexpected need. However, you will never be asked to perform duties that you have not received adequate training for.

Response Phases

The City of Ontario is implementing a phased response approach to the COVID-19 outbreak with specific actions or considerations associated with triggering events. These actions are based on interim guidance from the Centers for Disease Control and Prevention and the California Department of Public Health (CDPH). In a Public Health Emergency, however, the San Bernardino County Public Health Officer may direct orders that supersede that guidance and this plan.

Phase 1	Phase 2	Phase 3	Phase 4
Confirmed community spread in the United States ** Current Phase **	Confirmed case in San Bernardino County	Community spread in Ontario or contiguous city or employee case	Resolution of epidemic phase

Phase 1: Confirmed community spread in the United States

This phase is characterized primarily by additional planning being taken to prepare for the outbreak potentially spreading to the local area.

1.1 EMS/Dispatch Protocols (Fire Department – EMS)

See OFD Emerging Virus procedures.

1.2 Sick Policies (Human Resources)

Employees should be encouraged to stay home if they are sick, especially if they have a fever. They should return to work after the fever is below 100.4 for at least 24 hours. Standard sick leave policies should apply.

1.3 Travel Policies (Fire Department – Emergency Management)

Non-essential city travel for employees to areas identified by the CDC as having a Level 3 Travel Health Notice due to COVID-19 should be canceled.

1.4 Telecommuting Policies (Human Resources – Risk)

Human Resources should review and update current telecommuting policies in anticipation of the necessity for widespread adoption for suitable employees. Information Technology (IT) should review the capability and capacity for city employees to transition to telecommuting work for a lengthy period. Use of online tools including Office 365, Microsoft Teams, OneDrive, VPN, and expansion of teleconferencing ability should be evaluated with procedures developed and additional training of employees conducted.

1.5 Public Gathering/Meeting Policies (Management Services/Community Life and Culture)

Mass gathering and large community events with large numbers (100+ individuals) and/or close contact that are scheduled within the next three months should be identified and event organizers contacted. Organizers should be encouraged to closely monitor the situation and review CDPH guidance.

1.6 Continuity of Services (All agencies)

Essential city functions should be identified and potential alternative service deliveries should be developed in the event of further disruption, loss of staff, or increased mitigation efforts.

1.7 Personal Protective Equipment (PPE) and Hygiene/Safety (Fire Department – EMS)

Supplies for increased use of PPE by first responders and additional disinfection supplies for city facilities should be ordered. Information about proper hygiene procedures should be posted in city facilities and employees should be provided cleaning procedures at public counters.

1.8 Information Sharing (Fire Department – Emergency Management)

Emergency Management should monitor and issue situation updates on a periodic and regular basis as needed. This will take place primarily through email at this phase.

1.9 Emergency Operations Center (EOC) Activation (Fire Department – Emergency Management)

The EOC will not be activated.

1.10 Consider Emergency Declaration (Management Services/Fire Department)

Consider declaring a local area emergency as necessary to implement appropriate procedures.

Phase 2: Confirmed case in San Bernardino County

This phase emphasizes containment measures to prevent further spread of the outbreak in the region when there is at least one confirmed case residing in the county. This case may or may not be due to community spread, but precautions should be taken to prevent additional local spread of the disease, especially to vulnerable populations.

2.1 EMS/Dispatch Protocols (Fire Department - EMS)

See OFD Emerging Virus procedures.

2.2 Sick Policies (Human Resources)

Consider the use of mandatory sick/send home policies for employees who show up to work sick. Suspected cases should self-quarantine for 14 days. See <https://www.dir.ca.gov/dlse/2019-Novel-Coronavirus.htm> for additional guidance on legal and labor issues.

2.3 Travel Policies (Fire Department - Emergency Management)

Non-essential city travel for city employees to areas with multiple confirmed cases should consider canceling. Employees who have traveled to Level-3 Travel Health Notice areas should monitor their health and consider self-quarantining for 14 days.

2.4 Telecommuting Policies (Human Resources – Risk)

Consider executing telecommuting agreements with suitable employees.

2.5 Public Gathering/Meeting Policies (Management Services/Community Life and Culture)

Mass gathering events of 100 or more individuals with close contact should consider postponing events. Implement alternative service delivery at the Senior Center due to the concentration of high-risk individuals should be considered. Non-essential in-person meetings, including City Commissions, Boards, and Committees, should be canceled or transitioned to teleconference. Social distancing of 6 feet should be implemented for essential meetings.

2.6 Continuity of Services (All Agencies)

Implementation of alternate service deliveries should be considered.

2.7 Personal Protective Equipment (PPE) and Hygiene/Safety (Fire Department – EMS)

PPE should be issued to responders/employees with public contact. Increased daily disinfection and cleaning procedures should be implemented throughout all city facilities with special attention paid to surfaces with frequent handling exposures such as shared equipment, door handles, and bathrooms. Employees should be provided cleaning procedures at public counters. Implement social distancing for field personnel, when possible.

2.8 Information Sharing (Fire Department – Emergency Management)

Twice weekly conference calls with all city departments should be implemented to share situation updates and policy decisions and answer questions from department directors and managers.

2.9 Emergency Operations Center (EOC) Activation (Fire Department – Emergency Management)

A virtual EOC activation within WebEOC should be implemented with business hours reporting.

2.10 Consider Emergency Declaration (Management Services/Fire Department)

Consider declaring a local area emergency as necessary to implement appropriate procedures.

Phase 3: Confirmed community spread in Ontario or contiguous city; or confirmed city employee case

At this stage, community spread is likely ongoing, and containment is no longer possible. Aggressive mitigation efforts will be instituted to prevent further transmission of the disease within the community.

3.1 EMS/Dispatch Protocols (Fire Department – EMS)

See OFD Emerging Virus procedures.

3.2 Sick Policies (Human Resources)

Implement mandatory sick leave policies for sick, infected, or exposed employees for a minimum of 14 days regardless of testing. It may not be advisable for most sick individuals with mild to moderate symptoms to seek medical treatment so medical documentation requirements should be temporarily suspended. Consider utilizing city paid leave for all sick or exposed employees. Returning employees may be subject to screening/testing by city personnel agents.

3.3 Travel Policies (Fire Department – Emergency Management)

All outside city travel for employees should be canceled.

3.4 Telecommuting Policies (Human Resources – Risk)

Implement telecommuting agreements for all suitable employees.

3.5. Public Gathering/Meeting Policies (Management Services/Community Life and Culture)

All mass gathering events that have close contact implications should be canceled. Community Centers including the Senior Center, the Library, and the Museum should be closed or adopt an alternative service delivery models. All in-person meetings should be canceled or transitioned to teleconference only.

3.6 Continuity of Services (All agencies)

Alternative service deliveries should be considered and implemented as appropriate for all public-facing essential functions.

3.7 Personal Protective Equipment (PPE) and Hygiene/Safety (Fire Department – EMS)

Mandatory PPE issued for any public-facing essential functions that are not subject to alternative delivery.

3.8 Information Sharing (Fire Department – Emergency Management)

Daily conference calls should be instituted for information sharing and policy direction.

3.9 Emergency Operations Center (EOC) Activation (Fire Department – Emergency Management)

The EOC will transition to a 24/7 virtual activation within WebEOC.

3.10 Consider Emergency Declaration (Management Services/Fire Department)

Declaring a local area emergency as necessary to implement appropriate procedures.

Phase 4: Resolution of epidemic/pandemic

This phase is characterized by the reduction in the increase of daily active cases in the latter phases of disease progression. It is expected that as the risk is reduced, aggressive containment and mitigation efforts may also be reduced – this should take place in reverse order of the phases as necessary.

Alternate Service Deliveries

These alternate service delivery options are meant to serve as advice or recommendations to departments who have public facing or close contact components as part of their operations. Each department has the prerogative and ability to make decisions based on their expert knowledge of how to best maintain department operations, when possible, while keeping their employees and the public safe.

Traditional Approach	Examples	Pandemic Impact	Alternate Service Delivery
Reception Services	Receptionists at Community Centers, lobbies, and front counters.	Face-to-face interaction with various publics, proximity to others in an office environment with joint use of office equipment may increase potential for transmission.	When possible, post a phone number to call or provide a "push to talk" devices. Since offices may be closed, the employees providing this function maybe temporarily transferred to other operations.
Counter Reviews/Service	Building & Public Work's Counter, Library checkout	Face-to-face interaction with various publics, proximity to others in an office environment with joint use of office equipment may increase potential for transmission.	When possible, documents sent to a central processing center, logged and mailed/FedEx'd to personnel working remotely for review and action.
Document Processing	Payroll processing, purchasing, accounts payable.	Proximity to others in an office environment with joint use of equipment and facilities may increase potential for transmission.	When possible, handled exclusively online from remote locations. Offices would be closed.
Department Assistants	Administrative Assistants	Proximity to others in an office environment with joint use of equipment and facilities may increase potential for transmission.	When possible, offices closed, business handled through technology.
Management	Executives, Department Heads, Managers	Meetings, public gatherings, proximity to others in an office environment may increase potential for transmission.	When possible, offices closed, business handled through technology.

Traditional Approach	Examples	Pandemic Impact	Alternate Service Delivery
Analysts/professionals	Budget, Engineers, Management Analysts	Meetings, public gatherings, proximity to others in an office environment may increase potential for transmission.	When possible, offices closed, business handled through technology.
Field Staff	Building Inspector, Fire Inspectors, Community Improvement Officers	Contact in the field with various publics, joint use of vehicles, briefing, office utilization, etc. may increase potential for transmission.	When possible, work assigned/distributed and collected electronically; personal use of vehicle; PPE work when dealing with customers.
Facilities/Equipment Repairs	Fleet and Facilities workers	Social distancing achievable if projects are tackled on an individual basis. Briefings, trucks, work sites may prove problem as transmission spots.	When possible, work assigned/distributed and collected electronically; supplies obtained at warehouse where social distancing possible; personal use of vehicle.
Shop Work	Fleet and Facilities workshop	Social distancing achievable if projects are tackled on an individual basis. Briefings, restrooms have potential as transmission spots.	When possible, social distancing techniques used; discontinue joint use of any facilities or areas.
Call Centers	Customer Service, Public Safety Dispatch	Social distancing achievable if projects are tackled on an individual basis. Briefings, restrooms have potential as transmission spots.	When possible, offices closed, business handled through technology except for Public Safety Dispatch where social distancing and PPE will be utilized.
Police Patrol	Patrol	Joint use of vehicles, face-to-face contact with persons request service and/or arrestees may increase potential for transmission.	When possible, maximum use of social distancing techniques; equipment/vehicles sanitized between uses. Consider exclusive assigned of equipment to personal for duration of emergency. Consider limited responses to imminent threat to human life and utilize N95 masks when transporting arrestees.

Traditional Approach	Examples	Pandemic Impact	Alternate Service Delivery
Police Investigations	Crime Scene Investigations	Face-to-face interaction with various publics, entering crime scenes, joint use vehicles. proximity to others in an office environment with joint use of office equipment may increase potential for transmission.	When possible, limit to special cases as needed.
Jail	Jail Staff	Close quarters with dual habitation of cells increases potential transmission.	Jail personnel will utilize PPE. Limit one person to a cell when possible.
Fire Suppression	Firefighters, Battalion Chiefs	Close proximity of employees at stations and in response vehicles increases potential for transmission.	When possible, utilize PPE in vehicles and in dealing with customers; Each shift change, all personnel will be checked for symptoms prior to being allowed into stations.
EMS	Firefighters, Battalion Chiefs	Responding to persons seriously infected puts personnel directly in contact with disease.	When possible, utilize PPE in vehicles and in dealing with customers; Each shift change, all personnel will be checked for symptoms prior to being allowed into stations.
Public Meetings	City Council, Commissions, Presentations	Close proximity for extended periods of time may contribute to increased potential for transmission.	Mandatory public meetings will be set up to be viewed on cable television. All others will be cancelled or held electronically.
Public Gatherings and Centers	Libraries, Community Centers, Convention Center	Inability to consistently assure appropriate social distancing and joint use of desks, tables, chairs, and other facilities may contribute to increase potential transmission.	Close facilities for duration of the emergency. May provide library materials through mail, but contamination of materials may preclude.

Resources

This is a list of relevant resources guiding the production of this plan.

Johns Hopkins COVID-19 Map:

<https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

Centers for Disease Control and Prevention: <https://www.cdc.gov/covid19>

California Dept. of Public Health (CDPH):

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

CDPH Guidance Documents: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx#>

San Bernardino County Dept. of Public Health: <http://wp.sbcounty.gov/dph/coronavirus/>

Attachment A: OFD Emerging Virus SOP

PURPOSE

To specify the procedures to be followed when an emerging virus is suspected during emergency call taking and response; or confirmed prior to interfacility transport.

AUTHORITY

California Health and Safety Code – Division 2.5: Emergency Medical Services [1797.-1799.207.]

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services.

Procedures for Call-takers

Emergency Medical Service (EMS) dispatch centers and Public Safety Answering Points (PSAPs) shall consider screening callers for symptoms and risk factors of emerging virus.

- A. If call takers suspect a caller is reporting symptoms of an emerging virus, they shall screen callers for risk factors.
- B. If call takers have information alerting them to a person with a possible emerging virus, they shall make sure any first responders and EMS personnel are made confidentially aware of the potential for an emerging virus before the responders arrive on.
- C. If responding at an airport or other port of entry to the United States, call takers shall notify:
 1. The Centers of Disease Control and Prevention (CDC) Emergency Operations Center at (770) 448-7100 (24-hour access) to be connected with the appropriate CDC quarantine station.
 2. Communications Center (909) 822-8071 (provide incident information and EMS personnel's contact information).

Note that Emergency Medical Service (EMS) dispatchers are authorized to use the Emerging Infectious Disease Surveillance Tool (EID Tool) using the ProQA software.

Procedures for First Responders and Transport Personnel

Patient Assessment

Address scene safety:

- A. If the dispatch center or PSAP advises that the patient is suspected of having an emerging virus, EMS personnel/first responders shall put on the personal protective equipment (PPE) appropriate for suspected cases of an emerging virus before entering the scene (described below).
- B. If the dispatch center is unaware of incident, EMS personnel should provide discreet information.
- C. Communications Center will contact the on-duty Battalion Chief to make assessment if Public Health, or ICEMA Duty Officer, will contact the EMS personnel directly to assess the situation and advise appropriate measures which may include the following:
 1. If the patient is stable, EMS personnel will be instructed to remain on scene with the patient pending further instructions that may include treatment instructions, risk assessment and determination of destination.
 2. If the patient is unstable, transport patient to the closest hospital for further treatment with proper advanced notice to receiving hospital.
 3. The first responder unit should accompany the patient and transport unit to the hospital to supervise the removal and disposal of the PPE.
- E. Keep the patient separated from other persons as much as possible.
- F. Use caution when approaching a patient with potential emerging virus.
- G. Place a surgical face mask on the patient to decrease spread of droplets/airborne infections.

During patient assessment and management, EMS personnel/first responders should consider the symptoms and risk factors of suspected emerging virus:

- A. All patients shall be assessed for symptoms of emerging virus. If the patient has symptoms of an emerging virus, then ask the patient about risk factors prior to onset of the symptoms.
- B. Based on the presence of symptoms and risk factors, put on or continue to wear appropriate PPE and follow the scene safety guidelines for any suspected care of an emerging virus.
- C. If there are no risk factors, proceed with normal EMS care.

If the patient has been identified prior to entering with a positive screening history for risk of infection, consider the following procedures.

- A. When there are fire agency first responders, they may remain outside to serve as Incident Command, scene control, communications, providing minimum necessary equipment to avoid unnecessary contamination and monitoring donning of PPE. They would then follow the transport unit to the hospital to provide oversight for doffing and management of contaminated waste.
- B. If the patient is able to ambulate and walk to the ambulance, only one provider could enter the residence; this is preferred over exposing two EMS personnel.
- C. If the patient needs a gurney, two providers go in with the patient, and two remain outside to serve the functions above, providing there are sufficient personnel.
- D. The “two in” personnel don enhanced contact precautions PPE for patient contact, including interviewing the patient and refining history.
- E. The “two out” personnel remain outside of the door/room and make no physical contact with the patient or the immediate surroundings (6 feet or more and no body fluids).

EMS Transfer of Patient Care to a Receiving Facility

EMS personnel/first responders should notify the receiving healthcare facility when transporting a suspected emerging virus patient, so that appropriate infection control precautions may be prepared prior to patient arrival. Any U.S. hospital that is following CDC’s infection control recommendations and can isolate a patient in a private room is capable of safely managing a patient with an emerging virus.

Infection Control

EMS personnel/first responders can safely manage a patient with suspected or confirmed emerging virus by following the CDC recommended isolation and infection control procedures, including standard, contact and droplet precautions. Particular attention shall be paid to protecting mucous membranes of the eyes, nose, and mouth from splashes of infectious material, or self-inoculation from soiled gloves. Early recognition and identification of patients with potential emerging virus is critical. Only essential equipment should be passed to those with patient contact. Unless absolutely necessary, only Basic Life Support (BLS) care should be provided to avoid procedures in an uncontrolled environment and limit the use of sharps.

- A. Limit activities, especially during transport that can increase the risk of exposure to infectious material.
- B. No procedures should be attempted in a moving ambulance.
- C. Limit the use of needles and other sharps as much as possible.
- D. All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers.
- E. In the case of a cardiac or respiratory arrest, EMS personnel will need to consider risk/benefit ratio for an EMS screened positive patient. Resuscitation procedures can produce aerosolization of contaminated droplet particles. EMS personnel must be in full PPE if providing ventilator support.

Personal Protective Equipment (PPE)

Use of standard, contact, and droplet precautions is sufficient for most situations when treating a patient with a suspected case of emerging virus. EMS personnel shall wear:

- A. A single pair of disposable patient examination gloves
- B. Disposable isolation gown (fluid resistant or impermeable)
- C. Eye protection (goggles or face shield that fully covers the front and sides of the face)
- D. Facemask (N95 or higher-level respirator); Ontario Fire personnel will utilize fit tested P-100 masks
- E. Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, Tyvek suits, disposable shoe covers, and leg coverings.

Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure for EMS personnel. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicles, hospital destination).

During pre-hospital resuscitation procedure (intubation, open suctioning of airways, cardiopulmonary resuscitation):

- A. In addition to recommended PPE, respiratory protection is that is at least as protective as a NIOSH-certified fit-tested N95 filtering face piece respiratory or higher should be worn (instead of a facemask). Ontario Fire personnel will utilize fit tested P-100 masks.
- B. Additional PPE must be considered for these situations due to the potential increased risk for contact with blood or body fluids including, but not limited to, double gloving, disposable shoe covers, and leg coverings.

If blood, body fluids, secretions or excretions from a patient with suspected emerging virus come into direct contact with the provider's skin or mucus membranes, then the provider shall immediately stop working. They shall wash the affected skin surfaces with soap and water and report exposure to a supervisor for follow-up.

Recommended PPE shall be used by EMS personnel as follows:

- A. PPE shall be worn upon entry into the scene and continued to be worn until personnel are no longer in contact with the patient.
- B. PPE shall be carefully removed without contaminating one's eyes, mucus membranes, or clothing with potentially infectious materials.
- C. PPE shall be placed into a medical waste container at the hospital or double bagged and held in a secure location.
- D. Instructions for putting on and removing PPE have been published online at <http://www.cdc.gov/HAI/prevent/ppe.html> and <http://www.cdc.gov/vhf/ebola/pdf/ppe-poster.pdf> (PDF - 2 pages).
- E. All personnel should avoid touching their face while working.
- F. Hand hygiene shall be performed immediately after removal of PPE.

Environmental Infection Control

Environmental cleaning and disinfection, and safe handling of potentially contaminated materials is essential to reduce the risk of contact with blood, saliva, feces, and other body fluids that can soil the patient care environment. Personnel shall always practice standard environmental infection control procedures, including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of U.S. Food and Drug Administration (FDA) cleared or authorized medical PPE.

Personnel performing environmental cleaning and disinfection shall:

- A. CDC recommended PPE (described above) and consider use of additional barriers (e.g., shoes and leg coverings) if needed.
- B. Wear face protection (facemask with goggles or face shield) when performing tasks such as liquid waste disposal that can generate splashes.
- C. Use an EPA-registered hospital disinfectant (Clorox Hydrogen Peroxide Disinfectant) with a label claim for viruses that share some technical similarities to the emerging virus to disinfect environmental surfaces. Disinfectant shall be available in spray bottles or as commercially prepared wipes for use during patient contact.
- D. Spray and wipe clean any surface that becomes potentially contaminated during transport. The surfaces shall be immediately sprayed and wiped clean (if using a commercially prepared disinfectant wipe) and the process repeated to limit environmental contamination.

Cleaning EMS Equipment/Responding Apparatus

The following are general guidelines for cleaning or maintaining EMS equipment after contact with a patient with a suspected or confirmed emerging virus. The apparatus will be placed out of service until completion of decontamination process outlined below:

- A. EMS personnel performing cleaning and disinfection shall wear recommended PPE (described above) and consider use of additional barriers (e.g., rubber boots or shoes and leg coverings) if needed. Face protection (facemask with goggles or face shield) shall be worn since tasks such as liquid waste disposal can generate splashes.
- B. A blood spill or spill of other body fluid or substance (e.g., feces or vomit) should be managed through removal of bulk spill matter, cleaning the site, and then disinfecting the site. For large spills, a chemical disinfectant with sufficient potency is needed to overcome the tendency of proteins in blood and other body substances to neutralize the disinfectant's active ingredient.
- C. An EPA-registered disinfectant (Clorox Hydrogen Peroxide Disinfectant) for viruses that share some technical similarities to the emerging virus and instructions for cleaning and decontaminating surfaces or objects soiled with blood or body fluids should be used according to those instructions. After the bulk waste is wiped up, the surfaces shall be disinfected as described in the bullet above.
- D. Contaminated reusable patient care equipment should be placed in biohazard bags and labeled for cleaning and disinfection upon return to station. Reusable equipment should be cleaned and disinfected according to manufacturer's instructions by trained personnel wearing correct PPE. Avoid contamination of reusable porous surfaces.
- E. All apparatus surfaces (i.e. floors, steering wheel, communication sets, etc.) shall be wiped down utilizing an EPA-registered disinfectant (Clorox Hydrogen Peroxide Disinfectant) for viruses that share some technical similarities to the emerging virus.
- F. All apparatus seats shall be steam cleaned following manufacturer's instructions by trained personnel wearing correct PPE.

An emerging virus may be a Category A infectious substance regulated by the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR, 49 C.F.R., Parts 171-180). Any item transported for disposal that is contaminated or suspected of being contaminated with a Category A infectious substance must be packaged and transported in accordance with the HMR. This includes medical equipment, sharps, linens, and used health care products (such as soiled absorbent pads or dressing, kidney-shaped emesis pans, portable toilets, used Personal Protection Equipment [e.g., gowns, masks, gloves, goggles, face shields, respirators, booties] or byproducts of cleaning) contaminated or suspected of being contaminated with a Category A infectious substance. Currently, it is CDC recommended to transport all hazardous materials with the patient to hospital for disposal. All hazardous materials shall be at least double bagged during transport. San Bernardino Department of Public Health (DPH) and Hazmat will assist in decontamination process with use of Zymex units.

Follow-up and/or Reporting Measures

- A. EMS personnel shall be aware of the follow-up and/or reporting measures they shall take after caring for a suspected or confirmed emerging virus patient.

- B. EMS personnel with exposure to blood, bodily fluids, secretions, or excretions from a patient with suspected or confirmed emerging virus shall immediately:
 - 1. Stop working and wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with a large amount of water or eyewash solution.
 - 2. Contact their on-duty Battalion Chief and DICO/Nurse Administrator for assessment and access to post-exposure management services.
 - 3. Contact San Bernardino County Department of Public Health DOC at (909-252-4406) and if necessary the Inland Counties Emergency Medical Agency Duty Officer (ICEMAdutyofficer@cao.sbcounty.gov or 909-208-8618).
 - 4. Receive medical evaluation and follow-up care. They may continue to work based upon the EMS agency policy and discussion with local, state, and federal public health authorities.
 - 5. Monitoring and management of EMS personnel potentially exposed to emerging virus will follow CDC, San Bernardino DPH and ICEMA guidelines.
 - 6. EMS personnel with exposure to emerging virus and under monitoring per guidelines will need to work with Human Resources in completing worker's compensation procedure for duration.
- C. EMS personnel that develop symptoms after an unprotected exposure (i.e., not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with suspected or confirmed emerging virus patient shall:
 - 1. Not report to work or immediately stop working and isolate themselves.
 - 2. Notify their on-duty Battalion Chief and DICO/Nurse Administrator who shall notify the San Bernardino Department of Public Health through the Inland Counties Emergency Medical Agency Duty Officer.
 - 3. Contact their on-duty Battalion Chief and DICO/Nurse Administrator for assessment and access to post-exposure management services; and
 - 4. Comply with work exclusions until they are deemed no longer infectious to others.
 - 5. Monitoring and management of EMS personnel exposed to emerging virus will follow CDC, San Bernardino DPH and ICEMA guidelines.
 - 6. EMS personnel with exposure to emerging virus and under monitoring per guidelines will need to work with Human Resources in completing worker's compensation procedure for duration.

Documentation of Patient Care

- A. Documentation of patient care should be done after EMS personnel have completed transport, removed their PPE, and performed hand hygiene.
 - 1. Any written documentation should match the verbal communication given to the emergency department providers at the time patient care of transferred.
- B. EMS documentation should include a listing of EMS personnel and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Attachment B: Telecommuting Agreement

Pending

Attachment C: City Emergency Proclamation Template

TBD

Attachment D: City Response Actions

Phase 1: Confirmed Community Spread in United States			
Section	Actions to Consider	Actions Taken	Actions Pending
1.1 EMS/Dispatch Protocols	Implement OFD Virus procedures	Implemented by Nurse Administrator	
1.2 Sick Policies	Standard sick leave policies apply. Encourage to go home if sick.	Memo developed	
1.3 Travel Policies	Cancel non-essential city travel to Level 3 areas	Emergency Management to update via email to Department Executives	
1.4 Telecommuting Policies	Update and approval telecommuting policies. Work with I.T. to identify capacity.	Policy developed	
1.5 Public Gathering	Identify large community events taking place in the next 3-months	List developed	
1.6 Continuity of Services	Identify essential city functions and alternative service delivery options discussed	Obtained input from Executive Heads	
1.7 PPE/Hygiene	Increase supplies and develop cleaning procedures for city counters		Nurse Administrator to share appropriate procedures. Public Works to order sufficient supplies.
1.8 Information Sharing	Coordinate the information sharing to internal staff and the community	Internal conference calls will be established in Phase 2 or as needed	
1.9 EOC Activation	EOC will not be activated at this level	Emergency Management to monitor the situation as appropriate	
1.10 Emergency Declaration	Consider declaring a local area emergency	Drafted for consideration	

Attachment E: CDC Level-3 Travel Health Notices

The following countries are currently under CDC Level-3 Travel Health Notices due to widespread, ongoing community spread of COVID-19. All city employees who have recently traveled to any of these areas should be put under self-quarantine for 14 days.

This list is current as of March 10, 2020.

- China
- Iran
- Italy
- South Korea

Employees under self-quarantine should take these steps to monitor their health and practice social distancing:

1. Take their temperature with a thermometer two times a day and monitor for fever. Also watch for cough or trouble breathing.
2. Stay home and avoid contact with others. Do not go to work or school for this 14-day period. Discuss your work situation with their manager before returning to work.
3. Do not take public transportation, taxis, or ride-shares during the time you are practicing social distancing.
4. Avoid crowded places (such as shopping centers and movie theaters) and limit activities in public.
5. Keep your distance from others (about 6 feet or 2 meters).

If employees are sick with fever (100.4°F/38°C or higher), cough, or have trouble breathing, they should:

- Seek medical care. Call ahead before going to a doctor's office or emergency room.
- Tell their doctor about their recent travel and your symptoms.
- Avoid contact with others.

If the employee needs to seek medical care for other reasons, such as dialysis, they should call ahead to their doctor and tell them about the recent travel to an area with widespread or ongoing community spread of COVID-19.

Attachment F: Q&A for Public Facing Staff

What is the City doing about the COVID19?

- The City has adopted a COVID19 Response Plan that includes three (3) phases. Currently we are in Phase 1 which means we are taking precautions, monitoring the situation and planning in case we see cases in our County or Community. This is a fluid event and can change day to day.
- If we move to phase 2 this means that there are confirmed cases of COVID19 In SB County or our Community. Additionally, we will be altering some of our service delivery and protocols to keep the community safe. We will continue to monitor the situation and planning for additional cases in our community.
- Phase 3 would include the above and we would consider implementing all possible alternate service delivery models.

But what do you think is going to happen?

- I'm not sure, I'm not an expert on contagious disease. Our department follows the protocol of the COVID19 response plan and follows the lead of the Department of Public health, the Center for Disease Control and the Ontario Fire Department.

Do you think that the facility (Library, Center, Museum) will close down?

- The City has adopted a COVID19 Response Plan that includes three phases. Currently we are in Phase 1 which means we are taking precautions, monitoring the situation and planning in case we see cases in our County or Community. This is a fluid event and can change day to day. The City has a plan in place should the situation change and that plan could result in facility closures if appropriate.

What programs might be cancelled

- Per the guidelines in the City of Ontario COVID19 response plan and the California Department of Public Health guidance on mass gatherings – we would consider canceling or rescheduling programs and activities with more than 100 people in phase 2. We would also cancel or reschedule all programs at the Senior Center based on the vulnerability of the population.

I'm signed up for a program how will I know if its cancelled

- If a program is cancelled or rescheduled, we will make every effort to notify the public by posting on social media, posting signs in facilities, or notifying attendees if registration was required. If you are concerned - give us a phone call before you come over.

Will I get my money back if a program is cancelled?

- If your program or activity required a fee and we cancel you would be refunded your money. If the program is rescheduled you have the option to be refunded or attend the program at the later date.

I am a performer, band or other contracted entertainer and I want to cancel

- Reassure the individual of the City's plans. Let the individual know that we can reschedule, if appropriate. We will not pay individuals if they cancel their performance with us.
- If we cancel a program due to a Phase 2 or 3 activation, we would work with the individual to reschedule for another time.

If a contract class instructor wants to cancel

- Reassure the individual of the City's plans. Be respectful of their concerns especially if they are part of a vulnerable population. Avoid cancellation during Phase 1 if possible. We will not pay individuals if they cancel their classes with us.

If a member of the public complains that someone in a facility is exhibiting symptoms of COVID19

- Thank you for bringing to my attention. I will share with the appropriate party. (If needed you can share - If we observe symptoms associated with COVID19 or other infectious disease we will ask individuals to leave the facility until they are asymptomatic).