



**Office of Emergency Management and Medical
Operations**

2019 Novel Coronavirus Hazard Evaluation and Risk Assessment

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THIS HAZARD EVALUATION AND RISK ASSESSMENT COVERS CURRENT
OPERATIONS RELATED TO THE COVID-19 RESPONSE

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Scope and Applicability

This HERA applies to all personnel deployed under ASPR's operational control in support of the COVID-19 incident across the United States. This includes federal employees (full-time, part-time, and intermittent), USPHS Commissioned Corps Officers, and contractors deployed by or with ASPR.

Mission

To provide medical assistance at all locations within the response which may include hospitals, alternative care facilities, or mortuary locations.

- Alcohol consumption is prohibited during this deployment.
- Drug usage, including cannabis, will invoke the HHS Drug-Free Workplace policy.
- No smoking, including e-cigarettes, while on designated working areas under the HHS Tobacco-free Facilities policy.

Pre-deployment Activities

- Review this specific Hazard Evaluation and Risk Assessment.
- Review deployment orders and adhere to all requirements.
- Leave a copy of your itinerary, contact information, and credit card information with someone at home.
- **Perform a health check prior to departure and if you have a fever (100°F) or have a cough, feel short of breath, have muscle aches, chills or any other symptom out of the normal advise your command staff immediately and do not travel.**
- **ENSURE YOU HAVE A SURGICAL MASK TO USE DURING TRAVEL.**
- DO NOT TRAVEL IN UNIFORM - SOME WORK LOCATIONS HAVE BEEN ADVISED NOT WORK IN UNIFORM.
- Consider having hand sanitizer in your carry on pack and make sure it is in a size approved by TSA (3.4 oz. or less, 100 ml). CDC travel safety guidelines include distancing (6 feet) while in travel status, and frequent hand sanitization.
- Weather: Information for the areas of response can be obtained from:
 - o Weather Channel - Check Local Channel Listings
 - o AccuWeather - <https://www.accuweather.com>
 - o National Weather Service - <https://weather.gov>

Ensure you have enough prescription medicine to cover the deployment. Bring an extra set of eye glasses.

- It is highly recommended that you visit the CDC coronavirus web page located at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and read the section

applicable to healthcare providers located at:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

- Enroll in the TIMS (Text Information Monitoring System) on the day of travel. (See Appendix 1 on instructions on how to enroll).
- Daily temperatures are recorded through the TIMS system. If at any time during deployment you develop:
 - o Cough
 - o Shortness of breath or difficulty breathing
 - o Fever
 - o Chills
 - o Muscle pain
 - o Sore throat
 - o New loss of taste or smell

You must immediately self-isolate and report this to your command staff and through the TIMS system by texting SYM to the appropriate telephone number.

Arrival at Deployment Location

- Report initiation of travel and arrival at lodging facility immediately to RAMS at SOC.RC.RAMS@hhs.gov or 800- 872- 6367 OR EMGTravel@hhs.gov.
- Report any dietary and medical restrictions to ensure review and adherence.

Deployment Security

- Always keep hotel doors locked, and store valuables in secure areas.
- There will be law enforcement presence for this incident, and personnel (based on assignment) will undergo screening by law enforcement prior to entering their worksite.
 - o Operations Security (OPSEC): DO NOT discuss the mission outside of designated areas/personnel.
 - o There is a social media blackout for this event that if broken may result in your being demobilized.
- A Federal Identification Badge (e.g. HHS identification or PIV card) is required at all times, based upon assignment. Additional ID requirements may be needed and may be site specific.

General Information

- Personnel in field will use the buddy system. There is a system of accountability for all personnel – at all site locations that is strictly enforced.
- A Health and Safety Plan (HASP) is in place for this incident and covers additional onsite safety protocols and accidents/illness prevention procedures. These are enforced by SAFETY OFFICERS at each location.
- All incidents/illness and near miss events must be reported to the Safety Officer.

Terrorism Awareness

- Life Safety is always the first priority: Be aware of large crowds, or suspect devices (i.e. materials which appear to be out of place, with unusual smells/packaging). Government personnel and facilities are targets and protests and or demonstrations have occurred during this response. **DO NOT ENGAGE ANY DEMONSTRATORS. DO NOT ENTER AREAS WITH LARGE GROUPS OF PEOPLE PRESENT.** Know your safe meeting point in reference to your current position at all times.
- If a device is suspect – assume there may be a second device. Remove injured as quickly and carefully as possible – follow Law Enforcement instructions and observe exclusion zones.
- Approach incidents from upwind, stay clear of spills, vapors, fumes, and smoke. Medical activities are not provided in “Hot” zones.
- All potential terrorist sites are crime scenes. Preserve evidence. Do not touch/remove anything from a crime scene unless it is necessary for medical procedure performance OR is done with the concurrence of law enforcement.

Medical devices - scissors, multipurpose tools, needles, etc. are permitted to be carried to the worksite. Weapons, including MACE, are prohibited during all HHS deployments regardless of licensure from home station. Patients must not have any weapons, and these should be reported to law enforcement if identified.

Respiratory Protection

All employees who are expected to use respiratory protection must be clean shaven (DAILY). An initial medical approval is required. **IF THERE HAVE BEEN NO MEDICAL CHANGES** medical approval does not need to be repeated. Medical changes include the gain/loss of 20 lbs. or more, or changes in personal health.

Fit tests **MAY BE EXTENDED** past a year for the same brand and size of respirator, **IF THE INDIVIDUAL HAS A PREVIOUS FIT TEST, and FIT TEST SUPPLIES or RESPIRATORS ARE UNAVAILABLE OR LIMITED.**

All respirator users must be clean shaven in the area of the respirator seal, when fit tested or using respirators.

Hydration

Personnel must hydrate before starting work (8-12 oz. of water). Dehydration is a primary contributor to heat exhaustion. Hydration is especially important when wearing impermeable clothing or respirators. Guidance for hydration is as follows:

- When working in the heat drink (8-12 ounces) water every hour.
- Drinking at short intervals is more effective than drinking large amounts infrequently.

Exposure to Blood Borne Pathogens

Compliance with the HHS/NDMS Blood-borne Pathogens Exposure Control Plan is required for personnel performing medical operations, safety operations, and handling of potentially infectious waste. This plan is also found in the HASP for this event. This includes use of standard precautions and PPE for these activities, confirmation of HBV vaccination prior to deployment and immediate follow up to exposure incidents (defined as potential blood or body fluid contact with non-intact skin or mucus membranes).



PPE issued for this activity includes nitrile gloves, eye protection or face shield, gowns, and N-95 respirators.

Biological Hazards (2019-nCoV)

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with [MERS](#) and [SARS](#) in the past.

Current understanding of how nCoV is transmitted includes: respiratory droplets through person-to-person close contacts (up to 6 feet). Transmission through contact with surfaces may occur, keep your work area clean and if available wipe it down with approved sanitary wipes periodically. Transmission is thought to potentially occur through infected patients without symptoms. Viral shedding occurs when patients have

symptoms (fever, cough, shortness of breath) as well as when people are asymptomatic. The incubation period has been reported up to 14 days following exposure with a mean timeframe of 5-7 days for symptom appearance.

There is no vaccine or specific treatment for COVID-19.

COVID-19 Precautions

The following precautions must be taken:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer with at least a 60% ethanol or 70% isopropyl alcohol concentration.
- Avoid touching your eyes, nose, and mouth with unwashed hands. **[DO NOT TOUCH YOUR SHOULDERS OR HEAD.]**
- Avoid close contact with people who are sick. Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
- Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing source control, PPE used by personnel, and whether aerosol generating procedures were performed.
- Data is insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes (e.g., 10 minutes) as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.
- Risk stratification can be made in consultation with public health authorities. Examples of brief interactions include: briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation at a triage desk with a patient who was not wearing a cloth face covering or facemask.
- Stay home when you are sick or if deployed stay in your room.
- Cover your cough or sneeze with a tissue or cough/sneeze into your elbow.
- Clean and disinfect frequently touched objects and surfaces.

Physical Hazards

The following physical hazards are anticipated to be present on site.

Slips, Trips, and Falls

Slips and trips may occur as a result of wet, slippery, or uneven walking surfaces. To prevent injuries from slips and trips, always keep work areas clean; keep walkway free of objects and debris; and report/clean up liquid spills. WEAR ANKLE SUPPORTING CLOSED TOE SHOES WITH SLIP-RESISTANT SOLES WHILE ON DUTY.

Manual Lifting

Whenever possible, use mechanical assistance to lift or move materials and at a minimum, use at least two people to lift, or roll/lift with your arms as close to the body as possible.

Immunizations

HHS **requires** that personnel have the following immunizations prior to deployment:

- Hepatitis B vaccine for medical personnel and logistics personnel who will handle infectious waste.

HHS **recommends** that personnel have the following immunizations prior to deployment:

- Tetanus and Pertussis (Tdap once as an adult), with a tetanus booster within the last 10 years.
- Seasonal Influenza Vaccine (High recommended).

All deploying personnel must meet Responder Physical Readiness Requirements, effective 10/28/2019. This requires individuals to be mobile, walk specific distances between 1 and 3 miles, and lift weight of 25 lbs. (LIGHT DUTY), 40 lbs. (MEDIUM DUTY) and 50 lbs. (HEAVY DUTY), depending upon assignment.

Post Deployment

Upon successful completion of your mission you will be demobilized and will receive a letter from HHS that you will be able to give to your employer concerning your return to work status. This determination will be made based on the CDC guidelines for risk assessment associated with COVID-19 as well as any specifics particular to the environment you were working in. The current categories in use are as follows:

High Risk
Medium Risk
Low Risk
No Identifiable Risk

Briefly, high and medium risk categories carry a mandatory 14 day isolation period onsite and prohibit travel. Low risk allows for travel home but mandates a 14 day period of self-monitoring for the appearance of symptoms. This is accomplished with the TIMS that you will be enrolling in during your deployment and to continue to complete the required 14 days on return home. No identifiable risk means travel is allowed and no monitoring is required.

Appendix 1:

TEXT ILLNESS MONITORING SYSTEM (TIMS)

Early identification and isolation of people infected with COVID-19 are important to prevent spread to others. It is therefore imperative that each responder enroll or continue (if already enrolled) in the TIMS, a CDC tool we are using to monitor responders until two weeks following demobilization.

The TIMS site is monitored by ASPR staff and the ASPR Chief Medical Officer (CMO). We ask that you remain alert for signs and symptoms of COVID-19, including fever, cough or shortness of breath.

ONCE ENROLLED, you will receive a daily text message from 877-540-4686 asking if you have any COVID-19 symptoms. Reply NO if you continue to have no symptoms. Reply YES if you have become ill with fever, cough, or shortness of breath. If you reply YES, expect to be called back by a SOC nurse immediately.

If you have NOT ENROLLED, please text "ASPRSTAFF" to 877-540-4686 and you will begin your deployment monitoring. Once demobilized, please text "ASPRRET" to 877-540-4686 for post-deployment 14-day monitoring. If you develop symptoms between texts, text 'SYM' immediately to 877-540-4686.

In an emergency, please seek medical attention immediately. Call an emergency room or urgent care provider ahead of time so that they may prepare for a potential COVID-19 case. It is helpful to coordinate care with ASPR and the ASPR CMO. Upon demobilization, text "ASPRRET" to 877-540-4686 for your 14-day post-deployment monitoring to begin. For any questions or concerns, email DefinitiveCare@hhs.gov.