

Response Plan for 2020 Coronavirus

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Prepared by:

Captain Kenny Phillips

Emergency Management Coordinator

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COVID-19 Response Plan

(This is a living document and should be updated and added to as the situation requires.)

In February, 2020 the City of Colleyville began preparing for the possible outbreak of COVID-19 (also referred to in this document as Coronavirus). On March 4, 2020 the first positive case was reported in Texas. As of March 10, 2020 a case was reported in Tarrant County. Less than one week later a case was reported within Colleyville.

The purpose of this Response Plan is to outline the steps that the City of Colleyville will take to help slow down the spread of the virus and protect the citizens and employees in the City of Colleyville.

As outlined within the City's Emergency Management Plan,

The City of Colleyville will provide a consistent approach to the effective management of actual or potential public health or medical situations to ensure the health and welfare of its citizens and employees operating under the principles and protocols outlined in the National Incident Management System (NIMS).

The Tarrant County Health Department is the local agency primarily responsible for the day-to-day provision of many health and medical services for our community. This department also serves as the Health Authority for the City of Colleyville.

The NIMS framework outlines the process by which the Emergency Plan is to be executed. All senior staff at the City have been trained and certified in the NIMS. The NIMS framework will be applied to staff assignment and procurement protocols. The Emergency Management are broken into four phases of response: (1) Prevention; (2) Preparedness; (3) Response; and (4) Recovery. The CoVid-19 Response Plan for each is outlined below.

Prevention: The City shall provide information outlining preventative measures to avoid contact and spread of the Coronavirus. The City encourages residents to take the following steps to keep themselves and others safe:

- Wash hands often for 20 seconds
- Use hand sanitizer with at least 60% alcohol
- Cover coughs and sneezes with a tissue
- Avoid touching your eyes, nose, and mouth
- Disinfect surfaces that are touched often
- Avoid close contact with people who are sick

As the Tarrant County Health Department (TCHD) is the local agency primarily responsible for day-to-day health and medical services, residents and businesses should be directed to TCHD and the Centers for Disease Control and Prevention (CDC) for specific prevention measures beyond those outlined above.

Preparedness: In preparation for the potential Coronavirus cases within Colleyville, or our City's First Responder response area, city staff shall undertake the following efforts.

- Maintain adequate medical supplies.
- Purchase hand sanitizers, gloves, masks and disinfectant.
- Coordinate with city officials to ensure water quality.
- Coordinate with city officials to provide safe waste disposal.
- Review emergency response protocols for contagious interaction by staff generally and first responders specifically.
- Develop plan for closure of public buildings and facilities.
- Review public event schedule for cancel/reschedule options.
- Enhance cleaning efforts of all "touch points" in public buildings.
- Train and exercise personnel.
- Identify quarantine zones for staff to ensure continuity of operations.
- Provide public information campaign to inform residents of preparation efforts.

Response: Once Coronavirus case is identified in the city, or immediate area, the following action shall be undertaken.

- Close City Hall, Senior Center, Colleyville Center, Court and Library. Staff will remain at work but buildings are closed to the public. Interaction with staff will be via phone, email, video conferencing, etc.
- Require all water bills/building permits to be processed on-line. Fees for online payments should be waived.
- Cancel or reschedule public events.
- Begin collection of vital statistics related to spending, labor allocation, etc.
- Enhance public education campaign to keep residents informed.
- **If staff members test positive, especially first responders, but remain asymptomatic:**
 - Identify quarantine zones to allow staff to continue to work ensuring continuity of operations.
- Work with waste hauler to assess need to reduce garbage and recycling collection.

In addition to the aforementioned, city staff should seek opportunities to share public information about Coronavirus from official sources such as the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>) and Tarrant County Health (<https://www.tarrantcounty.com/en/public-health.html>).

Recovery: Under the direction of the Tarrant Health Department:

- Compile health reports for state and federal officials.
- Identify potential and/or continuing hazards affecting public health.
- Distribute appropriate guidance for the prevention of the harmful effects of the hazard.
- Continue to collect vital statistics.

Requesting External Assistance:

If health and medical problems resulting from emergency situation cannot be resolved with local resources, those obtained pursuant to inter-local agreements, or resources obtained by the Resource Management staff in the EOC, local government may request medical assistance from the State. The Mayor should make requests for such assistance to the DDC Chairperson in Hurst. Cities must request assistance from their county before requesting assistance from the State.

Implementation Efforts Currently Underway

1. Prevention:

- a. Texas DSHS and Tarrant County Public Health are currently performing all health monitoring of people possibly exposed to the virus. If they have a person in Colleyville that is being monitored the Emergency Management Coordinator will be advised of the location and that address will be flagged in the CAD. This will allow first responders to wear the appropriate PPE for a possible COVID-19 exposure.
- b. First responders have been trained and are updated on the proper way to use PPE and how to respond to a potential COVID-19 case.
- c. Public education program in place to encourage people to wash their hands, cover their mouth when coughing or sneezing, stay home when sick, and to disinfect surfaces.
- d. The use of social media to keep citizens update on the virus and things they can do to protect themselves.

2. Preparedness:

- a. Colleyville Fire Department is securing PPE to protect first responders (police and Fire). We have acquired 100 complete sets of PPE. We currently have PPE for all first responders.
- b. Police, Fire, and City Managers meeting weekly to revise plans and actions to respond to the threat of COVID-19.
- c. City staff will be tracking man hours and costs associated with preparedness and response to the COVID-19 threat.
- d. Emergency Management is on daily conference calls with Texas DSHS and weekly calls with Tarrant County Health.
- e. Emails are sent daily to city staff with current information on the virus.
- f. City Staff is in constant contact with the school districts to make sure we are aware of their actions.
- g. Colleyville EMS provided medical direction from their medical control doctor.
- h. NETCOM has been advised of the locations that the health department has someone they are monitoring for possible COVID-19. If there is a 911 call to that location the dispatcher will know that a person at that location is under monitoring and first responders will be aware to wear the correct PPE.
- i. NETCOM is currently getting a travel history from people that call to screen for possible cases of the virus.
- j. Mutual aid agreements are in place to help a city if they have first responders that are out sick or quarantined.
- k. City facilities cleaning crews have been directed to clean all door handles, light switches, rails, and buttons daily.

- l. All buildings and public interaction stations are equipped with hand-sanitizer and instructions for exposure avoidance.
 - m. Emergency Management staff has worked with city court staff on clearing a person who traveled from China to appear in court.
 - n. Assessment underway to limit public and staff interaction.
 - i. Public service station dividers (glass or plexi).
 - ii. Encouraging on-line and phone interaction rather than face to face
 - 1. Waive fees for on-line water bill payment.
 - 2. Require building permits to be presented electronically.
3. Response First Case in Texas:
- a. Have weekly meetings with police, fire, and city management.
 - b. Have the Emergency Management Coordinator gather current information and disseminate information, secure resources, and provide situational awareness.
 - c. Use social media to keep the public aware of the situation and how to respond to COVID-19.
 - d. Limit the number of first responders making contact with patients.
 - e. Actively encourage employees to stay home if sick.
 - f. Not requiring a healthcare providers note to return to work.
 - g. Provide hand wipes/hand sanitizers in public places.
 - h. Place notices in breakrooms that encourage staying home when sick, cough and sneeze etiquette and hand hygiene.
 - i. Provide disposable wipes so employees can wipe down surfaces commonly used.
4. Response First Person to Person Case in Tarrant County:
- a. Continue or increase the measures listed in “Response to First Case in Texas”
 - b. Insure that first responders are using the correct PPE.
 - c. Limit the number of people responding to calls.
 - d. Identified Fire Station #3 and Colleyville Center as locations to separate employees to prevent whole departments from becoming ill.
 - e. If possible allow for people to work remotely or in separate facility.
 - f. First responders to use full protective equipment when responding to a sick person call.
 - g. All first responders must keep uniforms at the station and shower before leaving work.
 - h. EOC will be activated and staffed by the EMC from 0800-1700hrs.
 - i. Daily meeting (conference call) to include all department heads, city management and EMC.
 - j. Work with Tarrant County Emergency Management to secure any unmet needs.
 - k. If needed work with the Mayor of Colleyville and City Attorneys to declare a disaster.

- l. Limit public and staff interaction.
 - i. Installation of public service station dividers initiated (glass or plexi)
 - ii. Require on-line and phone interaction rather than face to face
 - 1. Require on-line or over-the-phone water bill payment
 - 2. Require building permits to be presented electronically
 - m. Consider closing Senior Center, Colleyville Center, and Library.
 - n. Consider limiting large events.
5. Response to Report of First Infected Person in Colleyville from County Health Department (confirmed or presumed):
- a. Review disaster declaration by Mayor.
 - b. Close city facilities to public.
 - c. Require city-sponsored public events to be cancelled or broadcast via social media exclusively.
 - d. Designate quarantine stations/facilities.
 - e. Implement social distancing protocol for all staff and outlined in next section (as outlined by CDC).
6. Response to Community Spread of Infection Within Colleyville as Reported by County Health Department (confirmed or presumed):
- a. Consider disaster declaration by Mayor.
 - b. City facilities remain closed to public.
 - c. Reassign staff to ensure ongoing municipal operations.
 - d. Implement on-line meeting protocols for Council, Boards and Committees.
 - e. Adopt/enforce CDC quarantine directives and protocols.
 - f. Staff quarantine stations/facilities.
 - g. Implement social distancing protocol community-wide (as outlined by CDC).
7. Recovery:
- a. Clean all city facilities.
 - b. Have an after action debriefing (what we did well and what we need to improve).
 - c. If a declared disaster occurred, submit cost to TDEM.
 - d. Thank city staff for their continued work to provide services to the citizens during trying times.
 - e. Update policies.

Social Distancing Recommendations

Social Distancing is a non-pharmaceutical measure used to reduce the spread of a pandemic. This can include restrictions on the movement of people to reduce contact between individuals in the community, schools, and work place.

These can include:

- Travel alerts, warnings, or bans
- Communicable disease surveillance at borders
- Border closures
- Individual or group isolation
- Individual or group quarantine
- Altered work schedules or environmental controls to be enacted in workplaces
- Cancellation of public gatherings
- Identification of buildings for community isolation or quarantine
- Monitoring of isolated or quarantined individuals or groups

Cleaning Products

Antimicrobial Products for COVID-19

The next few pages are a partial list of products that are labeled to be effective against viruses.



List N: EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19

Date: 03/03/2020

An individual pesticide product may be marketed and sold under a variety of names. If you are seeking additional information about a pesticide product, refer to the EPA Registration Number (EPA Reg. No.), found on the product label, not the brand name. When purchasing a product for use against a specific pathogen, check the EPA Reg. No. versus the products included on this list.

All EPA-registered pesticides must have an EPA Registration Number. Alternative brand names have the same EPA Reg. No. as the primary product. The EPA Reg. No. of a primary product consists of two set of numbers separated by a hyphen, for example EPA Reg. No. 12345-12. The first set of numbers refers to the company identification number, and the second set of numbers following the hyphen represents the product number.

In addition to primary products, distributors may also sell products with identical formulations and identical efficacy as the primary products. Although distributor products frequently use different brand names, you can identify them by their three-part EPA Reg. No. The first two parts of the EPA Reg. No. match the primary product, plus a third set of numbers that represents the Distributor ID number. For example, EPA Reg. No. 12345-12-2567 is a distributor product with an identical formulation and efficacy to the primary product with the EPA Reg. No. 12345- 12.

Information about listed products is current as indicated by the dates on this list. If you would like to review the product label information for any of these products, please visit our [product label system](#). Inclusion on this list does not constitute an endorsement by EPA.

RTU- Ready-to-Use

Registration Number	Product Name	Company	Formulation Type
1677-129	COSA OXONIA ACTIVE	Ecolab Inc	DILUTABLE
1677-226	VIRASEPT	Ecolab Inc	RTU
1677-235	BLEACH DISINFECTANT CLEANER	Ecolab Inc	RTU
1677-237	OXYCIDE DAILY DISINFECTANT CLEANER	Ecolab Inc	DILUTABLE
1677-238	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT	Ecolab Inc/Kay Chemical Co.	DILUTABLE
1677-249	KLERCIDE 70/30 IPA	Ecolab Inc	RTU
1677-251	PEROXIDE DISINFECTANT AND GLASS CLEANER RTU	Ecolab Inc/Kay Chemical Co.	RTU
1839-220	SC-RTU DISINFECTANT CLEANER	Stepan Company	RTU
1839-248	Stepan Spray Disinfectant Concentrate	Stepan Company	DILUTABLE
1839-83	DETERGENT DISINFECTANT PUMP SPRAY	Stepan Company	RTU
1839-83	DETERGENT DISINFECTANT PUMP SPRAY	STEPAN COMPANY	RTU
4091-21	CONDOR 2	W.M. BARR & COMPANY, INC	RTU
4091-22	RAPTOR 5	W.M. BARR & COMPANY, INC	RTU
42182-9	FIREBIRD F130	MICROBAN PRODUCTS COMPANY	RTU

Registration Number	Product Name	Company	Formulation Type
47371-129	FORMATION HWS-256	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-130	FORMATION HWS-128	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-131	HWS-64	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
47371-192	FORMATION HWS-32	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
56392-7	Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company	RTU
5813-105	Clorox Multi Surface Cleaner + Bleach	The Clorox Company	RTU
5813-110	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	RTU
5813-111	Clorox Disinfecting Bleach2	The Clorox Company	DILUTABLE
5813-114	Clorox Performance Bleach1	The Clorox Company	DILUTABLE
5813-115	Clorox Germicidal Bleach3	The Clorox Company	RTU
5813-21	Clorox Clean Up Cleaner + Bleach	The Clorox Company	RTU
5813-40	Clorox Disinfecting Bathroom Cleaner	The Clorox Company	RTU
5813-79	Clorox Disinfecting Wipes	The Clorox Company	WIPE
5813-89	Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company	RTU
63761-10	STERILEX ULTRA STEP	STERILEX	DILUTABLE
63761-8	STERILEX ULTRA DISINFECTANT	STERILEX	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
	CLEANER SOLUTION 1		
675-54	LYSOL BRAND HEAVY DUTY CLEANER DISINFECTANT CONCENTRATE	RECKITT BENCKISER	DILUTABLE
67619-12	Clorox Healthcare® Bleach Germicidal Wipes	Clorox Professional Products Company	WIPE
67619-16	Clorox Commercial Solutions® Toilet Bowl Cleaner with Bleach1	Clorox Professional Products Company	RTU
67619-17	Clorox Commercial Solutions® Clorox® Clean-Up Disinfectant Cleaner with Bleach1	Clorox Professional Products Company	RTU
67619-21	Clorox Commercial Solutions® Clorox® Disinfecting Spray	Clorox Professional Products Company	RTU
67619-24	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company	RTU
67619-25	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	WIPE
67619-29	Saginaw	Clorox Professional Products Company	RTU
67619-30	GNR	Clorox Professional Products Company	RTU
67619-31	Clorox Commercial Solutions® Clorox® Disinfecting Wipes	Clorox Professional Products Company	WIPE
67619-32	CloroxPro™ Clorox® Germicidal Bleach	Clorox Professional Products Company	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
67619-33	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	RTU
67619-37	Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	WIPE
67619-38	CloroxPro™ Clorox Total 360® Disinfecting Cleaner1	Clorox Professional Products Company	RTU
6836-140	LONZA FORMULATION S-21F	LONZA, LLC	DILUTABLE
6836-152	LONZA FORMULATION DC-103	LONZA, LLC	RTU
6836-266	BARDAC 205M-10	LONZA, LLC	DILUTABLE
6836-278	BARDAC 205M-14.08	LONZA, LLC	DILUTABLE
6836-289	BARDAC 205M RTU	LONZA, LLC	RTU
6836-289	BARDAC 205M RTU	LONZA, LLC	RTU
6836-302	BARDAC 205M-2.6	LONZA, LLC	DILUTABLE
6836-305	BARDAC 205M-23	LONZA, LLC	DILUTABLE
6836-313	LONZA DISINFECTANT WIPES	LONZA, LLC	WIPE
6836-340	LONZA DISINFECTANT WIPES PLUS 2	LONZA, LLC	WIPE
6836-349	LONZAGARD RCS-256 PLUS	LONZA, LLC	DILUTABLE
6836-361	NUGEN MB5A-256	LONZA, LLC	DILUTABLE
6836-364	NUGEN MB5N-256	LONZA, LLC	DILUTABLE
6836-365	NUGEN MB5N-128	LONZA, LLC	DILUTABLE
6836-70	BARDAC 205M-7.5	LONZA, LLC	DILUTABLE
6836-75	LONZA FOUMLATION S-21	LONZA, LLC	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
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6836-77	LONZA FORMULATION S-18	LONZA, LLC	DILUTABLE
6836-78	LONZA FORMULATION R-82	LONZA, LLC	DILUTABLE
70627-24	VIREX™ II / 256	Diversey, Inc.	DILUTABLE
70627-56	OXIVIR Tb	Diversey, Inc.	RTU
70627-58	OXY-TEAM™ DISINFECTANT CLEAENER	Diversey, Inc.	DILUTABLE
70627-60	OXIVIR™ WIPES	Diversey, Inc.	WIPE
70627-72	Avert Sporicidal Disinfectant Cleaner	Diversey, Inc.	DILUTABLE
70627-74	OXIVIR 1	Diversey, Inc.	RTU
70627-77	Oxivir 1 Wipes	Diversey, Inc.	WIPE
71847-6	KLORSEPT	MEDENTECH LTD	DILUTABLE
71847-7	KLORKLEEN 2	MEDENTECH LTD	DILUTABLE
777-127	LYSOL® DISINFECTANT MAX COVER MIST	RECKITT BENCKISER	RTU
777-132	LYSOL BRAND POWER PLUS TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
777-70	LYSOL BRAND CLING & FRESH TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
777-81	LYSOL BRAND LIME & RUST TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
777-83	LYSOL BRAND BLEACH MOLD AND MILDEW REMOVER	RECKITT BENCKISER	RTU
777-89	LYSOL BRAND CLEAN & FRESH	RECKITT BENCKISER	DILUTABLE

Registration Number	Product Name	Company	Formulation Type
	MULTI-SURFACE CLEANER		
777-99	PROFESSIONAL LYSOL® DISINFECTANT SPRAY	RECKITT BENCKISER	RTU
84368-1	URTHPRO	URTHTECH, LLC	RTU
85150-1	PURELL Professional Surface Disinfectant Wipes	GOJO Industries, Inc.	WIPE
88494-3	PEAK DISINFECTANT	North American Infection Control, Ltd	RTU
88494-4	PEAK DISINFECTANT WIPES	NORTH AMERICAN INFECTION CONTROL, LTD	WIPE
9480-10	Sani-Prime Germicidal Spray	Professional Disposables International, Inc.	RTU
9480-12	Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International, Inc.	WIPE
9480-14	Sani-HyPerCide Germicidal Spray	Professional Disposables International, Inc.	RTU

Guidelines from CDC

Recommended strategies for employers to use:

- Actively encourage sick employees to stay home:
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- Separate sick employees:
 - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:
 - Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
 - Provide tissues and no-touch disposal receptacles for use by employees.
 - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
 - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.

- Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.
- Perform routine environmental cleaning:
 - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
 - No additional disinfection beyond routine cleaning is recommended at this time.
 - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- Advise employees before traveling to take certain steps:
 - Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
 - Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.
 - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
 - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business

response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with [stateexternal icon](#) and [localexternal icon](#) health officials is strongly encouraged for all businesses so that timely and accurate information can guide

appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to [protect workers from potential exposures](#)^{external icon} to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's](#)^{external icon} and the [Equal Employment Opportunity Commission's](#)^{external icon} websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and

logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.

- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per [travel guidance](#) on the CDC website.
 - - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
 - Consider cancelling large work-related meetings or events.

Law Enforcement Protocol

What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)

To protect yourself from exposure

If possible, maintain a distance of at least 6 feet.

Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.

Do not touch your face with unwashed hands.

Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.

Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.

Learn your employer's plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e., coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

A single pair of disposable examination gloves,

Disposable isolation gown or single-use/disposable coveralls*,

Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and

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

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurred during apprehension

Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.

Follow standard operating procedures for the containment and disposal of used PPE.

Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement personnel performing daily routine activities, the immediate health risk is considered low.

EMS Guidelines

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate [PPE](#) before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all [PPE](#) as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.

- Close the door/window between these compartments before bringing the patient on board.
- During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
- If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>pdf icon).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:

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

Dispatch Procedures (NETCOM)

NETCOM will screen All Respiratory Distress Calls:

Dispatchers will ask the following questions and follow the following SOP's:

Do you suspect that you or the victim has an Infectious Disease such as Corona Virus or other virus?

Have you travelled outside the country recently?

If yes, where?

If yes, when?

Have you been in contact with someone who has travelled outside the country recently?

If yes to any of the above, immediately use the EMD Book (page 25) INFECTIOUSE DISEASE Instructions and immediately notify responding units the need to wear protective equipment. Note – it does say Ebola in the book but the basics are the same. Information!!

It will then be up to the arriving responders how they proceed. Pre-Arrival Information is critical.

Police/Fire/EMS Responders

The Tarrant County Health Department will contact the Emergency Management Coordinator for the City of Colleyville if a Colleyville citizen is a person under investigation (PUI) for the Coronavirus. The EMC will also be notified if a person has been quarantined in the city limits. The EMC will contact NETCOM to flag the address where this person located. The CAD should show a Hazard and that a resident at the location is a PUI. NETCOM will notify responding units over check the "HAZARDS" on CAD.

For privacy laws we will only be given a limited amount of information. If dispatch advises of a hazard on the location and to wear full protective equipment, that is all the information they have.

Police may want to wait outside until EMS arrival to see if a police officer is needed, so we limit the number of people exposed.

Emergency Contact Information

City Manager Jerry Ducay

100 Main Street
Colleyville, Texas 76034
Office: 817-503-1111
Cell: 817-312-2030

Assistant City Manager Adrienne Lothery

100 Main Street
Colleyville, Texas 76034
Office: 817-503-1112
Cell: 972-998-3105

Assistant City Manager Mark Wood

100 Main Street
Colleyville, Texas 76034
Office: 817-503-1117
Cell: 214-783-5034

Captain Kenny Phillips

5209 Colleyville Blvd.
Colleyville, Texas 76034
Office: 817-503-1440
Cell: 817-988-2271

Fire Chief Mark Cantrell

5209 Colleyville Blvd.
Colleyville, Texas 76034
Office: 817-503-1410
Cell: 940-390-7457

Police Chief Michael Miller

5201 Riverwalk Drive
Colleyville, Texas 76034
Office: 817-503-1202
Cell: 817-713-9193

