Global Medical Response

COVID-19 Guidelines for Preparation & Response (Revision – March 4, 2020)

1.0   Introduction, intent and application of Guidelines in GMR Operations (Guidelines)

The purpose of this document is to provide guidance for all GMR Operations (Air Operations, Ground Operations, Communications, Direct Field Support & Indirect Field Support) in the preparation and response for the 2019 Novel Coronavirus (COVID-19). The evolution of specific approaches, understanding the specific mode of transmission, duration of illness, risks of exposure and target methods of prevention and treatment are changing rapidly.

These Guidelines are intended to provide current approaches and practices to each entity within GMR. Clearly, there will be local differences in application based on level of disease activity, public health mandates and operational needs. The GMR Guidelines are based in the information promulgated by the Centers for Disease Control & Prevention (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html), available scientific evidence, operational best practices and expert consensus. Individual GMR Operations should use these Guidelines for preparation and response. GMR Operations may adapt preparation and response to meet local approaches or as mandated by governmental requirements. These Guidelines should be utilized in conjunction with individual GMR Operation policies, practices and procedures.

It is expected that these Guidelines will change as our understanding and experience with the Novel Coronavirus evolves based on the evidence. As with any rapidly changing public health event, it is vitally important to remain vigilant and connected with a "Single Source of Truth" that provides contemporary information based on the best available evidence. As such, the Guidelines will be version controlled (the Guidelines will be dated with most recent version) and notification provided when changes are recommended.

The most current version of this document will be posted at globalmedicalresponse.com/coronavirus.

2.0   Dissemination, Communication and Implementation

These Guidelines are intended to be reviewed by individual GMR Operations leadership and implemented into local policy, process and protocol as appropriate. We recognize the need for some degree of individual variation based on local regulation, practice or circumstance but expect those variations will be minimal. Individual GMR Operations should make these Guidelines available to all members of the workforce.

3.0   Workforce Communication

The Leadership of each individual GMR Operation should immediately establish a readily available communication process that allows for immediate access by all employees to information associated with the COVID-19 preparation and response. The communication process should become the individual GMR Operations' *Single Source of Truth*. E-mails, texts, website notifications, postings or other electronic communications should all be considered.

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It is critically important that we be able to communicate time-sensitive information to all members of the workforce. This method of communication may also be needed when individual employees must be notified of action by public health regarding potential exposure or quarantine.

All media inquiries and requests should be directed to our national communications team (877.418.2980 or media@gmr.net).

As always, remember that all GMR patient privacy and HIPAA policies, practices and procedures should be followed.

4.0   Provider Education

Foundational education. Every clinical GMR employee has been provided with education at hire, and annually thereafter, on the principles of exposure prevention, personal protective equipment (PPE) and infectious diseases. Non-clinical GMR employees receive education on basic hygiene and workplace safety. Those foundational educational principles apply fully in our preparation and response to a potential or confirmed COVID-19 patient.

Targeted education. GMR has partnered with Emory University & Dr. Alex Isakov to provide a targeted on-line, one hour educational program designated "Protecting the Healthcare Worker in the Era of Novel Coronavirus, Bird Flu and Other Serious Communicable Diseases" covering specific pathogens such as MERS, SARS and the Novel Coronavirus. All Clinical, Operation & Safety leadership should complete the on-line course *assigned* in their respective Learning Management System. This course is also available in all employees *optional* learning plan. An abbreviated, focused 20 minute COVID-19 educational presentation is available in the GMR Learning Management Systems for all employees.

Supplemental education. Additional, pertinent educational materials will be available on all internal Learning Management Systems and posted on globalmedicalresponse.com/coronavirus.

Physician Medical Directors. GMR physician medical directors are available for specific targeted education and consultation through the Hotline Number (855.361.1996).

5.0   Criteria to Guide Evaluation of a Person Under Investigation (PUI)

One of the most important aspects of the EMS role during a large scale emerging infectious disease event is rapid identification of patients that may have the illness but need further confirmatory testing. These patients are appropriately labeled a Person Under Investigation, or PUI. At the earliest point of identifying these patients, all caregivers should don appropriate personal protective equipment (PPE), initiate appropriate care and begin notification of the healthcare system (hospital / public health, etc.).

The CDC has established the following three criteria to identify a PUI:

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-       Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)

        AND

-       Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset

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- Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization

  AND

- A history of travel from affected geographic areas (see below) within 14 days of symptom onset

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- Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)

  AND

- No source of exposure has been identified

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Current (as of February 28, 2020) affected geographic areas:

- China
- South Korea
- Iran
- Japan
- Italy
- Hong Kong

It's important to note that the worldwide spread and addition of more affected geographic areas makes the travel question less valuable in differentiating the possibility of an infected patient. All caregivers should always consider appropriate PPE based on patient presentation. It is expected that affected geographic areas will continuously change during this event.

6.0   Personal Protective Equipment (PPE)

One of the most important components of preventing infection and spread of disease is the appropriate use of Personal Protective Equipment (PPE).

Based on all available evidence to date and the current CDC recommendation, EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow **Standard, Contact**, and **Airborne** Precautions, including the use of eye protection in accordance with organizational policy.

Specifically, recommended PPE for caregivers includes:

- A single pair of disposable patient examination gloves (change gloves if they become torn or heavily contaminated)
- Disposable isolation gown
- Respiratory protection (N-95 or higher-level respirator)

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- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)
- Drivers or pilots, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), should wear all recommended PPE in accordance with organizational policy and federal guidelines.
- After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE except for the N95 mask **(see provided donning and doffing poster)** and perform hand hygiene to avoid soiling the compartment.

If the transport vehicle (aircraft or ambulance) does not have an isolated (separate) compartment, the driver or pilot for operation of the transport vehicle should remove the face shield or goggles, gown and gloves and perform hand hygiene. An N95 respirator should continue to be used during transport by the driver or pilot. For pilots, the N95 is appropriate to wear in the presence of helmets, visors and/or night vision goggles.

All personnel should avoid touching their face while working. After completing patient contact and before entering the driver's compartment or aircraft, the driver or pilot should remove and dispose of PPE and perform hand hygiene to avoid soiling the door handle and compartment.

On arrival, after the patient is released to the facility and the vehicle or aircraft is appropriately decontaminated, EMS clinicians should remove and discard PPE and perform hand hygiene. All personnel should follow appropriate donning and doffing procedures **(see provided donning and doffing poster)**. Used PPE should be discarded in accordance with routine procedures.

6.1 Appropriate N95 fit testing and facial hair

To be optimally effective at reducing the risk of airborne exposures, N95 respirators must fit appropriately on the face of the wearer. N95 respirators should be appropriately fit tested for all employees engaged in the treatment or transport of patients. Fit testing must occur with applicable safety equipment in place (e.g. helmets, safety glasses). In addition, facial hair that comes between the sealing surface of the N95 and the face must be removed. Individuals that do not remove facial hair that interferes with a proper seal will not be permitted to engage in the treatment or transportation of patients given the substantial risk to themselves, other providers and the community.

6.2 Contingency Capacity Strategies for shortages of N95 Respirators

The worldwide magnitude of a large-scale infection creating the substantial demand for N95 respiratory protection has the potential to be greater than manufacturer production or available supplies. Thus, all GMR operations should anticipate the future potential of N95 respirator shortages. As such, CDC has developed guidelines for use of N95 respirators beyond the manufacturer-designated shelf life for training and fit testing.

In times of shortage, consideration can be made to use N95 respirators beyond the manufacturer-designated shelf life. However, expired respirators might not perform to the requirements for which they were certified. Over time, components such as the strap and material may degrade, which can affect the quality of the fit and seal.

Because of this, use of expired respirators could be prioritized for situations where the provider is NOT exposed to pathogens, such as training and fit testing. As expired respirators can still serve an important purpose, GMR Operations should retain all N95 respirators during the early phases of this outbreak.

Additionally, when a covered employee is fit tested he or she should keep the N95 mask that they were successfully fitted in during the fit test for future use in accordance with this guidance. The N95 should not be destroyed or disposed of.

Practices allowing extended use of N95 respirators, when acceptable, can also be considered. The decision to implement policies that permit extended use of N95 respirators will be made by the professionals who manage GMR's respiratory protection program, in consultation with their occupational health and infection control expertise with input from the state/local public health departments. CDC has recommended guidance on implementation of extended use of N95 respirators in healthcare settings. Extended use has been recommended and widely used as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics.

Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters. Extended use is well suited to situations wherein multiple patients with the same infectious disease diagnosis, whose care requires use of a respirator, are cohorted (e.g., in the same vehicle, area, etc.).

7.0   911 / Dispatch Communications – Response Notification

Call intake for response to a potential Person Under Investigation (PUI) or a confirmed COVID-19 patient will originate in a GMR Public Safety Answering Point (PSAP), commonly a GMR Secondary PSAP or a GMR Call Center. As part of the focus to identify potential patients early and maximize an appropriate response, these centers should initiate modified caller queries to gather additional information at call intake. GMR Dispatch / Call Centers should coordinate with municipalities, local EMS authorities, state and local public health, other PSAPs, and other emergency call centers to determine the need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC where applicable.

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 specific questions will be updated as the public health response proceeds.

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

Consistent terminology should be used to relay information to responding EMS Clinicians. If call interrogation meets the potential for a PUI or it is a confirmed case, dispatchers should radio or electronically communicate "UNIVERSAL PRECAUTIONS" to alert responding personnel.

PSAPs and EMS units that respond to ill travelers at United States international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. The PSAP or EMS unit can also call CDC's Emergency Operations Center at 770.488.7100 to be connected with the appropriate CDC quarantine station.

8.0   Approach to Patients

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. It's important to remember that current infection control principles always apply and patient history / signs / symptoms should guide appropriate use of PPE.

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 surgical mask (not N95) 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 surgical mask should be worn by the patient for source control. If a nasal cannula is in place, a mask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.

During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

8.1   Precautions for Aerosol-Generating Procedures
If at all possible and safe, consult with medical control before performing aerosol-generating procedures for specific guidance.

In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP)), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary.

GMR Operations should review their specific ventilator equipment manufacturer information to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.

If possible and safe, the rear doors of the ground transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. In aircraft, aerosol-generating procedures should be performed with doors open prior to launch or increased ventilation while in flight if possible and safe.

Obviously, these should be done away from pedestrian traffic.

9.0   Healthcare System Notification

Air and Ground EMS Clinicians should provide early notification to a healthcare receiving facility if a patient is a PUI or confirmed COVID-19 case. This allows appropriate mobilization of staff, designated receiving area and a well-choreographed patient turnover. Healthcare receiving facilities should provide specific notification requirements.

10.0   Post Transport Ambulance or Aircraft Decontamination

Dedicated medical equipment should be used whenever possible for patient care (not always an option).

All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and GMR Operations policies.

It's vitally important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

The following are general guidelines from CDC for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI/confirmed COVID-19 patient:

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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.

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.

11.0   Consultation Resources

GMR has established a 24/7 Emerging Infectious Diseases (EID) Hotline, staffed by nurses trained on operational and clinical components associated with the COVID-19 preparation and response initiatives. The hotline manages an EMS physician call schedule to provide immediate consultation in time-sensitive or complex situations associated with the COVID-19 initiatives. The Emerging Infectious Diseases Hotline also provides access to an EMS specialist to help navigate questions, resources, safety issues or any operational needs.

Additionally, the EID Hotline will serve as the central coordinating point for all quarantined providers.

The Hotline Number is 855.361.1996.

12.0   Provider Exposure / Quarantine

Employees who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up in accordance with local procedures. Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to your supervisor and questions regarding next steps should be addressed per the local health authority. The EID Line may be used for questions or complex situations.

All employees should be alert for fever or respiratory symptoms (sore throat, shortness of breath, cough). If symptoms develop, they should self-isolate and notify their supervisor to arrange for appropriate evaluation per local procedures.

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Any employee who is quarantined by public health should contact the EID Line (855.361.1996) for documentation and information regarding the specific resources available and to be enrolled in GMR support & monitoring activities. In the event an employee experiences an exposure while on duty and is subsequently quarantined by public health officials, the company will continue to pay the employee for the scheduled shifts he/she misses during the quarantine period, unless they become eligible for lost days through Worker's Compensation or eligible for short term disability. Part-time employees exposed and quarantined while on duty will be paid based on the average hours worked for the previous two pay periods during the quarantine period, unless they become eligible for lost days through Worker's Compensation.

13.0   Employee Business Travel

At this time the Company is not restricting business travel and will continue to monitor the situation. However, for the month of March 2020 we do ask that before traveling, you consider a telephonic or video option to conduct business meetings, or you consider if you can postpone your meetings If you believe business travel is necessary, please obtain authorization from your department SVP and above. If your departmental SVP and above agree that your business travel is necessary, we encourage you to use common infection control procedures such as frequent hand washing, avoid touching nose, mouth and eyes, avoid handshakes, covering cough and sneezes with a tissue, etc. Travel plans that include attending large conferences should also be thoughtfully considered and approved by your departmental SVP.

14.0   Telecommuting

Currently, the Company is not establishing a telecommuting or temporarily working from home program. However, we will continue to monitor the situation. Should telecommuting become warranted, with the approval from your department SVP, employees and their managers will agree on the specifics of the telecommuting arrangement. Details should include the number of days of telecommuting allowed each week, the work schedule each employee will customarily maintain, and the manner and frequency of communication. Employees will agree to be accessible by phone, e-mail, or voice mail within a reasonable time period during the agreed-upon work schedule. Telecommuters may be required to come to the office as needed by the Company.

15.0   Personal Travel

Employees who have traveled to one of the following affected high-risk geographic areas as deemed by the CDC are required to notify their supervisor and department SVP. Employees may be required to self-quarantine or work from home for up to 14 days upon their return from travel. In the event an employee experiences an exposure from this travel and/or is subsequently quarantined by public health officials, the employee will be required to use their PTO until they are eligible for short term disability. Current (as of February 28, 2020) affected geographic areas:

- China
- South Korea
- Iran
- Japan
- Italy
- Hong Kong

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SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.
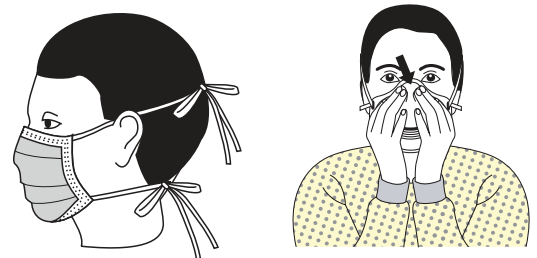
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
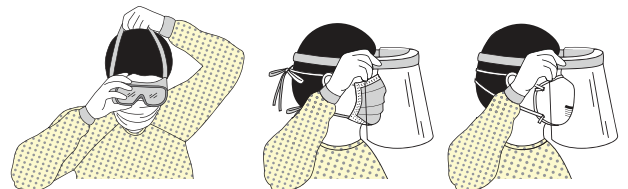- Fasten in back of neck and waist
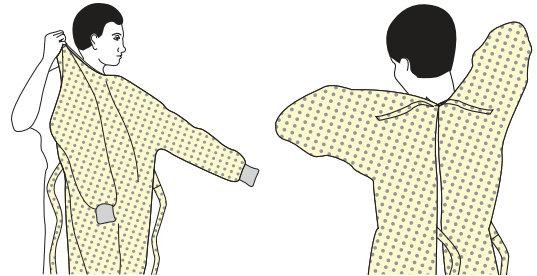
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown
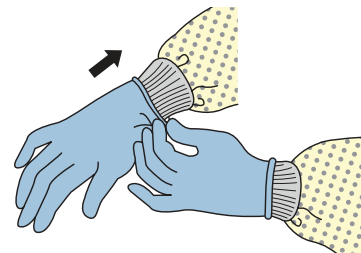
USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container
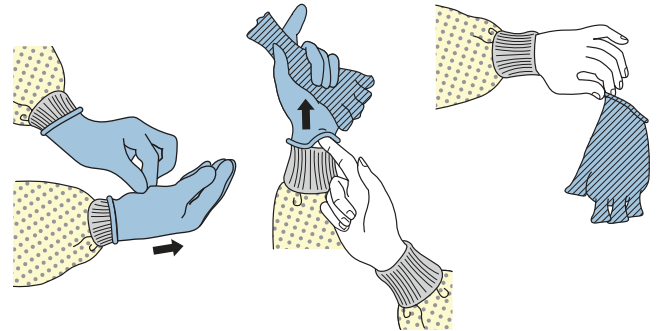
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container
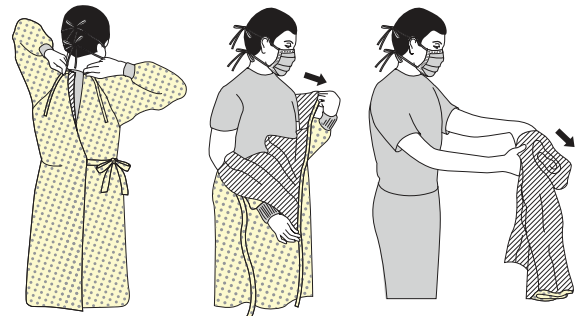
4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container
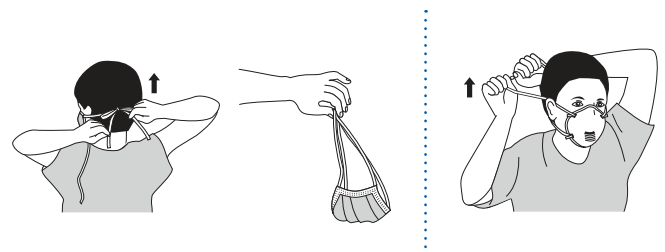
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
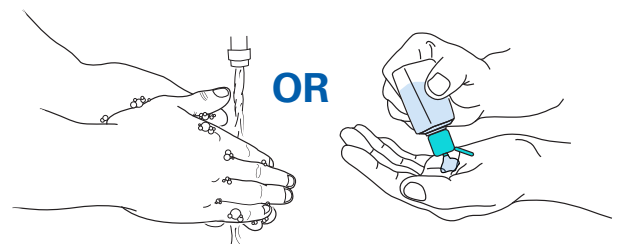
OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

HOW TO SAFELY **REMOVE** PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
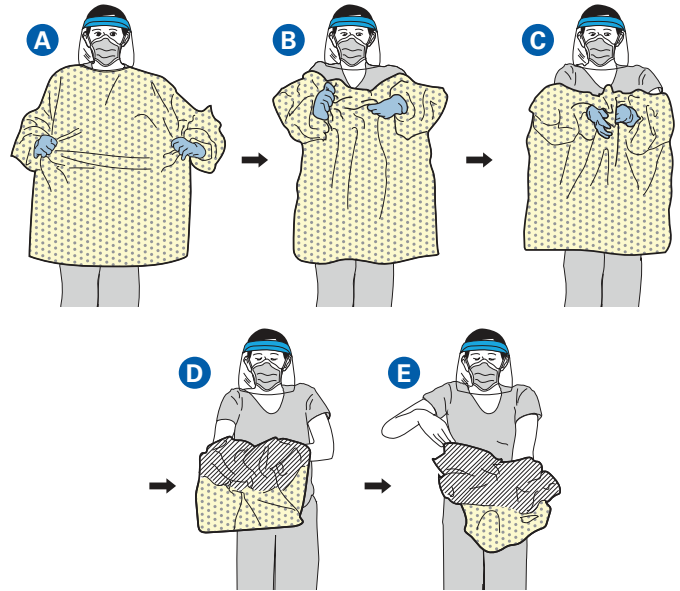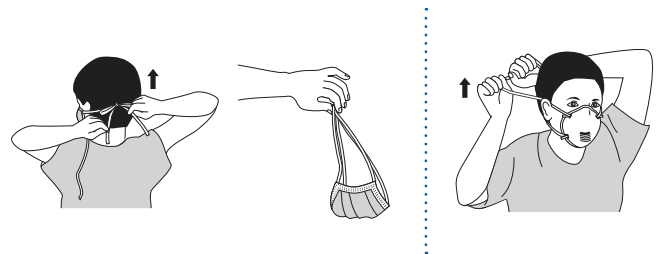

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
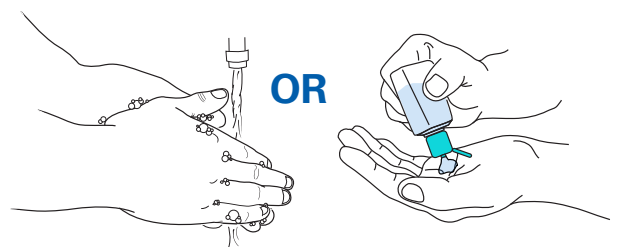

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

OR

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC