



COVID-19

Emergency Response Drill

Facilitator Guide

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Midwest Consortium for Hazardous Waste Worker Training

Acknowledgments

The Midwest Consortium for Hazardous Waste Worker Training adapted this program from work created by ERS International for private industry under cooperative agreement number U45 ES 06184 from the National Institute of Environmental Health Sciences.

See <https://mwc.umn.edu> for a listing of contacts at each member institution and additional information. We encourage you to comment on these materials.

Warning

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Disclaimer

The Occupational Safety and Health Administration (OSHA) regulation to help assure worker health and safety during emergency response activities requires specific training and other health and safety measures depending upon the duties to be performed. Knowledge about the requirements for each of these employment sectors enables an assessment of compliance. This awareness program does not replace training required by OSHA standards.

This program was created April 26, 2021; all web links are active as of that date. If you find an error, please inform the facilitator so that it can be updated.

COVID-19 Emergency Response Drill

Given the COVID-19 pandemic, the Midwest Consortium developed this course to highlight adjustments in procedures for those responding to emergencies. By following the outlined format and activities in this guide, you will be better able to enhance learning, stimulate participant discussion, and achieve the training objectives.

It is expected that 2 hours are needed for the program. Breaks are not part of the training hours.

It is the responsibility of the training center staff to develop/assemble the following:

- Agenda and Lesson Plan (retain in program file)
- Sufficient electronic resources for participant use (as appropriate)
- Registration, sign-in and evaluation forms

The Midwest Consortium for Hazardous Waste Worker Training is devoted to professional facilitator freedom while maintaining consistency of training. If you are a new trainer, the lead trainer at your center will provide assistance and initially will observe programs you facilitate. You may be asked to team-teach with an experienced trainer as you gain skills in MWC programs. If programs exceed 25 participants, 2 facilitators are needed for any activity.

Facilitator Preparation

Every facilitator should be familiar with the material in the PowerPoint, this Facilitator Guide, the Incident Action Plan (IAP) Worksheet and the Response Drill Checklist. A copy of the IAP Worksheet and Response Drill Checklist should be made for each participant. The Response Drill Checklists will be retained as part of the program file. Copies of the Medical Response sheet and Patient Assessment Chart will also be needed. All of these documents are found in this Guide. Note the IAP worksheet, Medical Response sheet and Patient Assessment Chart could be modified to more closely match those used at participant’s facility.

Note that this content and drill includes patient assessment and treatment appropriate for responders with various levels of medical training. If your participants would call outside help for a medical emergency, then portions of Module 4 (the drill) could be removed from the training. If possible, a discussion with your clients prior to the training would allow for these adjustments to be made in advance.

Carefully review the section(s) of the Facilitator Guide which you are teaching before preparing your lesson. Lesson plan forms shown on the next two pages may be helpful when drafting your presentation outline.

Agenda

The following is a sample agenda:

Introduction	15 minutes
COVID-19 Emergency Response	45 minutes
COVID-19 Emergency Response Drill	45 minutes
Closing and Evaluation	15 minutes

Lesson Plan Form 1

<p>Teaching Methods for This Lesson Plan (check each method you will use)</p>	<p>Audiovisual Requirements (check each that is needed)</p>
<p> <input type="checkbox"/> Lecture <input type="checkbox"/> Discussion <input type="checkbox"/> Question and answer <input type="checkbox"/> Hands-on simulation <input type="checkbox"/> Team teaching <input type="checkbox"/> Small-group exercises <input type="checkbox"/> Case study <input type="checkbox"/> Other (describe): </p>	<p> <input type="checkbox"/> Training handbook <input type="checkbox"/> Supplemental material <input type="checkbox"/> PowerPoint <input type="checkbox"/> Web Sites loaded on devices: <input type="checkbox"/> White board or chalk board <input type="checkbox"/> Hands-on simulation <input type="checkbox"/> Other (describe): </p>
<p>Reference Materials (list all materials needed-paper or electronic)</p>	<p>Special Space or Facility Requirements</p>
	<p>(List any room size or special facility regulations here, such as set-up areas, equipment storage concerns, etc.)</p>

<p>Suggested Discussion Questions (think <u>in advance</u> what you might be asked, and prepare responses)</p>	<p>Suggested Facilitator Preparation (consult with others as needed to improve preparation skills)</p>

Lesson Plan Form 2 - use to organize your facilitation.

Subject Area or Element	Detail	Reference Number or Citation
Major subject heading or Roman numeral item from outline format.	Detailed breakdown of subject area or element. This detail will necessarily occupy more space than shown here.	e.g., page number in training handbook, section number of regulation, or audiovisual material.

Instructional Resources

The instructional resources related to COVID-19 listed below may be useful in preparation and during the program.

NIEHS Worker Training Program

<https://tools.niehs.nih.gov/wetp/covid19worker/index.cfm>

CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Presentation of Material

A PowerPoint presentation was created to facilitate communication of this material.

Activities and Exercises

Small-Group Activities and Exercises

Small-group activities are incorporated, to involve trainees in clarifying information, identifying options, and applying skills.

Participants may complete the activities or exercises on their own and share their results in class, or as small groups, with report back to the class.

Class activities and exercises enhance the learning process; therefore, it is strongly recommended that you make activities and discussions comfortable so that everyone can participate. Assume that every class will have participants with a wide range of communication skills. Some trainees will have no problems participating in group discussion, while others may have a hard time talking in front of the group.

Suggestions for facilitating group activities and discussions include:

- Allow trainees to freely express their values, attitudes, and opinions.
- Do not judge trainee's responses.
- Facilitate discussion by paraphrasing and clarifying. It is seldom appropriate for the facilitator to give opinions.

- Avoid putting people on the spot. Instead of asking individuals for answers, have a volunteer spokesperson present findings to the entire group.
- Keep the groups focused on the task at hand. Because small-group exercises can draw heavily on the trainees' personal experience, sometimes conversation can drift.
- Be alert to the potential for one person to dominate work in small groups. If you see this happening, facilitate participation by other members of the group.
- Keep the trainees alert and interested by encouraging participation. If the groups are not participating or giving only cursory answers, ask them probing questions linked to previous work or life experiences.

Evaluation

Evaluation provides input from participants regarding value to them, achievement of learning objectives and insights into how to improve the program. NIEHS supports 'model programs' that employ interactive training methods to build skills; see https://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=11266&file_name=WTP_Minimum_Criteria_062818_Final_508.pdf. Collection and use of evaluation data are key to program improvement. Adherence to these criteria is a term-and-condition of NIEHS funding.

Evaluation forms are shown at <https://mwc.umn.edu>.

Successful Completion for this program requires the following:

- Attendance for the entire program
- 100% on Response Drill Checklist

All must be documented in the Program File.

COVID-19 Emergency Response Drill - Introduction

Time Requirement: 15 minutes

Number of Facilitators: 1 or more, consistent with ratio shown in Minimum Criteria

Materials

- Registration forms
- Open-space room which will allow for group discussion and small group activities
- Chalkboard, marker board or easel with paper
- Markers

Objectives for the Full Program

When completed, participants will be better able to:

- Explain COVID-19 characteristics and transmission routes
- Describe the Initial Actions required for a response that may involve COVID-19
- Identify steps required to complete the Incident Action Plan, when responding to a potential COVID-19 incident
- Apply viral contact precautions and procedures during emergency response

During the brief introduction, the following will be accomplished:

- Introductions
- Registration
- Sign-in

Teaching Methods

The introduction combines presentation with discussion. It is important as a facilitator to gauge the level of knowledge of the participants. A discussion of experience of each participant may be useful.

Suggested Facilitator Preparation

- Prepare lesson plan

Minimum Content Requirements

- Introduction of facilitator(s), program, participants
- Complete registration forms (if not done in advance)
- Everyone signs in

Questions You May be Asked

1. Can we use these same procedures the next time there is a pandemic?

If the pandemic is an infectious respiratory disease that is primarily transmitted via airborne particles, it is possible many of the same procedures would apply.

Post any questions that will be answered later in the program to a 'parking lot' and display where everyone can see. Check the items off as the program progresses.

Presentation of the Session

The session can be presented as follows.

Introduce facilitator(s) and provide any needed orientation. Review MWC, NIEHS 'model programs' and uses of evaluation. Note that attendance is required for the duration of the program.

Present the agenda that has been prepared, noting that training time does not include lunch or breaks. Post where all can see, if desired.

Ask participants to introduce themselves, describing experience and what each wants to gain from the session. Note any goals identified by participants that are not in the listing above - address any that may fit with the session materials and describe why remaining goals are outside the scope of this training.

Collect any forms and provide to program staff for retention.

COVID-19 Emergency Response

The session is presented according to your lesson plan.

Time Requirement: 45 minutes

Number of Facilitators: 1 or more, consistent with ratio shown in Minimum Criteria

Materials

- Chalkboard, marker board or easel with paper
- Markers
- Technology shown in the lesson plan
- Incident Action Plan (IAP) worksheets for each participant
- Masks, gloves, and goggles, face shields, or glasses for each participant

Objectives

When completed, participants will be better able to:

- Explain COVID-19 characteristics and transmission routes
- Describe the Initial Actions required for a response that may involve COVID-19
- Identify steps required to complete the Incident Action Plan, when responding to a potential COVID-19 incident

Teaching Methods

- Presentation/discussion
- Activities

Suggested Facilitator Preparation

- Review the PowerPoint
- Review this guidance
- Review the lesson plan
- Review proper procedure for donning/doffing masks and gloves
 - Don/doff N95 guidance found here: <https://ehs.msu.edu/assets/docs/don-doff-n95.pdf>
 - Don/doff glove video can be found here: <https://www.youtube.com/watch?v=xueBYfEIFEg>

Minimum Content Requirements

The following are minimum content objectives for the session:

- COVID-19 characteristics and transmission routes
- COVID-19 response Initial Actions
- Steps to complete Action Plan for a COVID-19 response

Questions You May be Asked

1. Does it matter what kind of mask I have?

N95 masks offer the best protection to the wearer and those nearby. Wearing a surgical mask offers some protection for you, protects others from you if you are an asymptomatic carrier of the virus, and is better than wearing no mask.

Presentation of Material

The session can be presented as follows

Ask: Why do emergency responders have a higher risk of being exposed to COVID-19 than most people? Be prepared to discuss how their job requires responders to be in close proximity to others.

Module 1: COVID-19

Use the PowerPoint slides to introduce COVID-19 to participants.

Reinforce the following key points with the group. The goal is for them to realize the need to properly protect themselves from this deadly virus.

1. Transmission of the virus is through the mouth, nose, and eyes usually from a cough or sneeze. Surface to face transmissions are another potential route. There is no evidence that the virus can be absorbed through the skin.
2. The incubation time can be from 2 – 14 days after contamination before showing a symptom. This means you could be exposed to the virus from a seemingly healthy individual.
3. The COVID-19 virus can survive from a couple hours up to 3 days on surfaces outside the body. The length of time depends on the surface and temperature.

Module 2: Initial Actions

Use the PowerPoint and the provided Incident Action Plan (IAP) Worksheet to help participants understand the Initial Actions required for a response that may involve COVID-19.

Review the IAP Worksheet found below (have a copy for each participant).

Activity – Mask & Glove Donning/Doffing

Explain the purpose and when to wear a mask.

- Provide a barrier to keep respiratory droplets from spreading
- Protect both the wearer and others nearby
- Used whenever within 6 feet of others
- Used whenever indoors in public places

Demonstrate how to don/doff a mask and have the participants practice donning. This can be a second mask placed over one that is already being worn due to training protocols. Masks will be removed after the gloves have been donned and doffed.

Explain the purpose and when to use medical gloves.

- To keep from getting skin contaminated
- Used only when getting within 6 feet of patient
- Do not touch face with gloves on!

Demonstrate how to don/doff gloves and have participants practice donning/doffing gloves while utilizing the hand cleaner at their workstations.

Participants will then remove their mask (outer mask if two are worn) using only the straps and store the mask properly in their bags. These masks will be re-used by them during the course and are theirs to keep after the class ends.

Explain the use of face shields, goggles, or glasses with side shields when within 6 feet of a real or simulated patient and during activities with other participants.

Module 3: Completing the Action Plan

Use the PowerPoint and the provided Incident Action Plan (IAP) Worksheet to identify steps required to complete the Incident Action Plan, when responding to a potential COVID-19 incident.

COVID-19 Emergency Response Drill

The session is presented according to your lesson plan.

Time Requirement: 45 minutes

Number of Facilitators: 1 or more, consistent with ratio shown in Minimum Criteria

Materials

- Chalkboard, marker board or easel with paper
- Markers
- Participant Handouts (found at end of this section)
 - Response Drill Checklist
 - Medical Response Sheets and Patient Assessment Chart (for use with the provided scenarios)
- Response Drill Checklist Facilitator Key (found at end of this section)

Objectives

When completed, participants will be better able to:

- Apply viral contact precautions and procedures during emergency response

Teaching Methods

- Presentation/discussion
- Exercise

Suggested Facilitator Preparation

- Review this guidance and the Response Drill Checklist
- Review the lesson plan

This guidance provides a medical emergency as the response scenario. Participants will complete the provided Medical Response sheet while following COVID-19 precautions. If desired, the facilitator may substitute a different scenario. Note that the drill includes patient assessment and treatment appropriate for responders with various levels of medical training. If your participants would call outside help for a medical emergency, then portions of the drill could be removed from the training. For example, if your training participants have limited medical response training or experience, you might eliminate #9-11 on the checklist, the Medical Response Checklist, and the Patient Assessment Chart.

Minimum Content Requirements

The following are minimum content objectives for the session:

- 100% on the Response Drill Checklist

Questions You May Be Asked

1. How can we tell if the patient has COVID-19 or some other difficulty?

It can be difficult to diagnose COVID-19 without testing. During the pandemic, if the patient has symptoms of COVID-19, it should be assumed they are positive for the disease.

Presentation of the Session

The session can be presented as follows:

Purpose: To practice applying COVID-19 precautions and procedures during a simulated emergency response.

Directions: Divide the group into teams of 2 – 3 people. Each team will respond to a simulated emergency and utilize necessary PPE and precautions while assessing and treating a patient using the provided Medical Response Sheet. Allow 15-20 minutes for the assessment. Afterwards, the entire group will assess the response during a debrief. Each participant will complete their Response Drill Checklist. This information is derived from the training incident debrief along with discussion from observations and the Facilitator's Key. Collect a Response Drill Checklist from each participant to be included in the Program file.

Setup: Have one participant from each team play the role of the patient. Ensure the patient is aware of the scenario, including the Signs & Symptoms, SAMPLE information, etc. The facilitator may modify the scenario or develop a different scenario.

Scenario A

Dispatch: Medical emergency, an employee complaining of fatigue.

Patient: You have been feeling a little off the past few days and now feel overheated (place a little water on your forehead and/or arms to simulate perspiration). You may just have overexerted yourself, but it’s affecting your work and you think you should get checked.

As responders approach you: You are conscious, but ill and very fatigued. If they ask you to assist, you’re able to use your hands, arms and can walk. **Only if you are asked specific questions,** give the following information:

S	Signs/Symptoms	Little short of Breath, Hot, Coughing for a couple days
A	Allergies	Penicillin
M	Medications	Aspirin
P	Pertinent History	Had a heart attack once; 6 years ago
L	Last Meal	4 hours ago, some toast and coffee
E	Events Leading up to Event	Working on the line

Scenario B

Dispatch: Medical Emergency; patient has been injured.

Patient: You were walking and stepped on some debris badly twisting your ankle (pick one). It is swollen (you can tuck a rag or some paper towel inside your sock to simulate swelling).

As responders approach you: You are conscious, but in some pain. If they ask you to assist, you’re able to use your hands, arms but cannot walk. **Only if you are asked specific questions,** give the following information:

S	Signs/Symptoms	Swollen ankle, tender to touch
A	Allergies	None
M	Medications	Lisinopril, 10 mg
P	Pertinent History	Hypertension

- L Last Meal Two doughnuts and a Mt. Dew 20 minutes ago
- E Events Leading up to Event Drove to work, this happened walking to job

Also, you have a good friend who has a son that was in Italy last month. You're wondering if you might have been exposed to the Coronavirus.

Response Drill Checklist

Name _____

Patient Assessment and Care during the COVID-19 Pandemic			
		Yes	No
Initial Actions	1. Did you receive (or ask for) any information from the “dispatcher” about signs or symptoms of COVID-19?		
	2. Did you limit the number of responders and bystanders working within six feet of the patient?		
	3. Did you supply the patient with a mask and ask them to don it?		
	4. Did you wear the appropriate PPE? Which items did you use? <input type="checkbox"/> Gloves <input type="checkbox"/> Face shield, goggles, or glasses <input type="checkbox"/> Mask (Surgical or N95/K95) <input type="checkbox"/> Gown (optional)		
	5. Are there any of the above PPE items that you do not have available? List them here:		
	6. If using a N95/K95 respirator, did you properly don and adjust the mask? Did you perform a seal test?		
	7. Did you complete the primary survey staying back six feet away from the patient?		
Planning	8. Did you determine if the patient had an exposure to a person with COVID-19?		
	9. Did you perform a patient assessment appropriate for the patient’s condition? (Rapid Assessment or Focused Assessment)		
Sustained Actions	10. Did you ask the patient to assist with providing the necessary care/treatment?		
	11. Did you provide care/treatment that minimized responders working within six feet of the patient?		
Termination	12. Did you discuss ways to limit the spread of potential contamination during transport?		
	13. Did you remove your PPE in the correct order and using the correct doffing procedure?		
	14. Did you discuss disinfection of any reusable equipment, including the transport vehicle, according to your policy?		
	15. Did you properly dispose of any single-use equipment or PPE?		
	16. Did you document the response, noting the names of anyone working within six feet of the patient, vital signs, SAMPLE, etc.?		
Site Transfer	17. Did you identify any areas of potential contamination, based on the patient’s recent activity?		
	18. Did you discuss how to secure these areas until they are cleaned? Who in your facility is responsible for Standard clean up? Enhanced? Deep?		
	19. Did you discuss the briefing you’d provide as part of the formal site transfer?		

Medical Response Sheet

Chief Complaint _____

Signs and Symptoms (including skin condition and LOC)

Immediate need of oxygen? _____ liters per min.

Patient Focus Assessment (Conscious) refer to back of form _____

Rapid Assessment (Unconscious) using DOTS (deformities, open wounds, tenderness and swelling) _____

Past Medical History _____

What was patient doing prior to the emergency _____

Medications _____

Allergies _____

Last meal or beverage(time) _____

Treatment _____

Aspirin for cardiac origin with no allergy: 4 low-dose "baby aspirins (81 mg each) chewed, swallowed. Record time and dose.

AED/CPR: Time initiated _____ **Time of shocks** _____

Time: _____ **Pulse** _____ **Respiration** _____ **Palpated BP** _____

Pupils equal and size (if applicable) _____

Name of Patient _____ Age _____ Date _____

Transfer patient to: _____

Termination: BSI clean up _____

Name of ERT making out report _____

<p style="text-align: center;">Cardiac Emergency</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Onset • Anything provoke the pain? • Quality of pain (patient describes pain) • Radiates? • Severity 1-10: 10 being worse • SAMPLE <ul style="list-style-type: none"> • Vitals (Pupils and monitor LOC) <p>Treatment:</p> <ul style="list-style-type: none"> • O2 • Consider aspirin • Position of comfort • AED standby • No physical exertion while waiting for transport • Rapid Transport 	<p style="text-align: center;">Stroke / CVA Emergency</p> <p>Assessment</p> <ul style="list-style-type: none"> • Face: uneven smile • Arm: One side weaker than the other • Speech: slurred speech • Time: of symptom for fast transport • SAMPLE <ul style="list-style-type: none"> • Vitals (Pupils and monitor LOC) <p>Treatment:</p> <ul style="list-style-type: none"> • O2 • Rapid transport
<p style="text-align: center;">Seizures</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Interview bystanders and witnesses • Medical alert tag • Description of the episode • Duration • Associated symptoms (skin color, breathing) • Evidence of trauma (rapid assessment) • SAMPLE <ul style="list-style-type: none"> • Vitals (Pupils and monitor LOC) <p>Treatment:</p> <ul style="list-style-type: none"> • Clear area to prevent patient from injury • Avoid restraining patient or put anything in patient’s mouth • O2 if tolerated • Address trauma issues if present 	<p style="text-align: center;">Diabetic Emergency</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Description of episode (speech, lethargic) • Medicine: Did you take your diabetic meds today? • Have you eaten today? • Any excessive physical activity? • Medical alert tags? • Interview witness/coworker if patient is confused • SAMPLE <ul style="list-style-type: none"> • Vitals (Pupils and monitor LOC) <p>Treatment:</p> <ul style="list-style-type: none"> • Give glucose tablet if patient is conscious • If no glucose tablet present, provide patient with soda or fruit juice. (no diet) • Consider O2 if tolerated
<p style="text-align: center;">Opioid Overdose Emergency</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Identify and assess the victim for responsiveness. • If victim is not responsive and not breathing initiate CPR and AED • Check for pinpoint pupils. • If suspected opioid overdose call for Narcan. • If respirations are present and the victim is unconscious, assess breathing status, pupils, and pulse. • If breathing is adequate (> 8 per minute, no cyanosis) and no signs of trauma, place in the recovery position. • Check for pinpoint pupils. • If breathing is < than 8 per minute or signs of low oxygen and overdose is suspected (based on assessment) proceed with Naloxone administration and high O2 therapy. • Check for medical alert tags (around wrists, ankles or a necklace) indicating a pre-existing medical condition. • SAMPLE <p>Vitals and Treatment:</p> <ul style="list-style-type: none"> • Administer 4mg nasal spray in one nostril • Administer High O2 • Continue with CPR or if breathing place in recovery position • Monitor breathing and LOC, consider 2nd dose 3-5 minutes • Transport by EMS 	<p style="text-align: center;">Heat Emergency</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Onset • Heat exposure time • Work activity • Is skin extremely hot to touch? • Consider Heat exhaustion vs Heat Stroke • Altered mental status? (confusion or coma) • SAMPLE <ul style="list-style-type: none"> • Vitals (Pupils and monitor LOC) <p>Treatment:</p> <ul style="list-style-type: none"> • Move patient to cool place • Give cool liquids if patient is conscious • Consider raising patient’s legs 6 to 12 inches • Remove excess clothing • Sponge the patient with cool water or place bags of ice on the sides of the chest, neck and armpits • Rapid transport if patient is experiencing heat stroke

Patient Assessment Chart

Scene Size-Up

- BSI – PPE
- Mechanism of Injury
- Brief Initial Report
- Number of Patients
- Consider spinal precautions

Primary Survey

- General impression of patient (age, sex and skin color)
- Responsiveness/level of consciousness (AVPU)
- Chief complaint (why did you call today)
- Apparent life-threats (ABC)
 - Assess airway and breathing: Provide oxygen, if necessary
 - Assess bleeding: Control major bleeding
 - Assess for shock or perfusion: If NO TRAUMA, raise lower legs and keep warm
- Identify patient priority and make treatment/transport decisions

Unconscious

OR

Conscious

Rapid Assessment

- Completed in less than 2 minutes
- DOTS
- Head, including pupils
- Neck
- Chest – Abdomen - Pelvis
- Legs (circulation, sensation and motor)
- Arms (circulation, sensation and motor)
- Posterior Thorax – Lumbar – Buttocks
- Obtain SAMPLE

Focused Assessment

Assess affected body part/system

- Cardiovascular
- Neurological
- Pulmonary
- Psychological
- Diabetic
- Obtain SAMPLE

Vitals - Treatment - Transport

- Oxygen
- Pupils
- Dress Wounds
- Provide verbal patient report to EMS
- Pulse, Respiratory Rate, BP
- Administer Approved Meds.
- Splint/Spinal Motion Restriction

COVID-19 Response Drill Checklist – Facilitator’s Key

Each participant will fill in the pertinent information below. This information is derived from the training incident debrief along with discussion from observations and the Facilitator’s Key.

Patient Assessment and Care during the COVID-19 Pandemic			
		Yes	No
Initial Actions	1. Did you receive (or ask for) any information from the “dispatcher” about signs or symptoms of COVID-19? Are these questions part of the dispatcher’s procedures?		
	2. Did you limit the number of responders and bystanders working within six feet of the patient? Only those absolutely needed to assist patient.		
	3. Did you supply the patient with a mask and ask them to don it? This can be an N95 or K95, procedural/medical or Oxygen mask.		
	4. Did you wear the appropriate PPE? Which items did you use? <input type="checkbox"/> Gloves <input type="checkbox"/> Face shield, goggles or glasses <input type="checkbox"/> Mask (Surgical or N95) <input type="checkbox"/> Gown (Optional)		
	5. Are there any of the above PPE items that you do not have available? List them here:		
	6. If using a N95/K95 respirator, did you properly don and adjust the mask? Did you perform a seal test? You can review the proper technique at this link: https://www.youtube.com/watch?v=zoxpvDVo_NI		
	7. Did you complete the primary survey staying six feet away from the patient? This is the minimum without PPE worn.		
Planning	8. Did you determine if the patient had an exposure to a person with COVID-19? Write down the response.		
	9. Did you perform a patient assessment appropriate for the patient’s condition? (Rapid Assessment or Focused Assessment) Refer to the attached Patient Assessment Chart.		
Sustained Actions	10. Did you ask the patient to assist with providing the necessary care/treatment? This is based on their hypothetical illness or injury.		
	11. Did you provide care/treatment that minimized responders working within six feet of the patient? Examples might include lifting, providing CPR, a patient with multiple injuries / trauma, splinting, etc. (Oxygen or Transport)		
Termination	12. Did you discuss ways to limit the spread of potential contamination during transport? Distance, PPE, limiting contact with patient, surfaces adding plastic.		
	13. Did you remove your PPE in the correct order and using the correct doffing procedure? Helpful link: https://www.youtube.com/watch?v=QEXg8eHOEkE&t=27s		
	14. Did you discuss disinfection of any reusable equipment, including the transport vehicle, according to your policy? Environmental? Medical? Safety?		
	15. Did you properly dispose of any single-use equipment or PPE? Designated bins or Bio-Hazard bags		
	16. Did you document the response, noting the names of anyone working with within six feet of the patient, vital signs, SAMPLE, etc.? This should be done using the various forms used by your team during medical runs, or those provided here.		
Site Transfer	17. Did you identify any areas of potential contamination, based on the patient’s recent activity? Work site, incident location, routes since arrival...		
	18. Did you discuss how to secure these areas until they are cleaned? Who in your facility is responsible for this standard clean up? Enhanced? Deep?		
	19. Did you discuss the briefing you’d provide as part of the formal site transfer? To Authority Having Jurisdiction or Clean-up Crew.		

Closing and Program Evaluation

Time Requirement: 15 minutes
Number of Facilitators: 1 or more, consistent with ratio shown in Minimum Criteria

Materials

- Chalkboard, marker board or easel with paper
- Markers
- Evaluation forms

Objectives

- Review program objectives
- Answer questions
- Collect feedback (evaluation forms)

Teaching Methods

Discussion

Suggested Facilitator Preparation

Assure you have evaluation forms prior to the program.

Minimum Content Requirements

The following are minimum content requirements for the section:

- Evaluation
- Answer last questions, including anything remaining in the parking lot
- Provide certificates for those who met the definition of successful completion; provide remediation according to Training Center and MWC policy for anyone who did not attend the entire program.

Questions You May Be Asked

1. “How do I get more training?”

Provide your schedule and reference other MWC members who provide the needed training.

Presentation of the Session

Thank participants for attending the program.

Review the goals of the program.

This is an opportunity for final questions and to assure that the list of questions has been addressed during the program.

Evaluation is important to continued program improvement. This should not be rushed. Provide time to complete the program evaluation forms and collect them.