

## COVID-19 HEALTHCARE ETS MODEL PLAN

### VERSIONS:

July 6, 2021: Original

July 8, 2021: Revised (SafeRestart Not Required for GMR Facility Entry)

Aug. 24, 2021: Revised (New Masking Requirements Under Hazard Assessment)

Sept. 14, 2021: Revised (Updated Section 5 regarding masking requirements)

### 1. Scope and application

Except as otherwise provided in this paragraph, this section applies to all settings where any employee provides healthcare services.

#### **This section does not apply to the following:**

- The provision of first aid by an employee who is not a licensed healthcare provider;
- Non-hospital ambulatory care settings where all non-employees are screened prior to entry and people with suspected or confirmed COVID–19 are not permitted to enter those settings;
- Well-defined hospital ambulatory care settings where all employees are fully vaccinated and all non-employees are screened prior to entry and people with suspected or confirmed COVID–19 are not permitted to enter those settings;
- Healthcare support services not performed in a healthcare setting (e.g., off-site laundry, off-site medical billing); or
- Where a healthcare setting is embedded within a non-healthcare setting (e.g., medical clinic in a manufacturing facility, walk-in clinic in a retail setting), this section applies only to the embedded healthcare setting and not to the remainder of the physical location.
- Where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services, this section applies only to the provision of the healthcare services by that employee.
- In well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID–19 will be present (does not apply to employees who are fully vaccinated).

Note: Nothing in this section is intended to limit state or local government mandates or guidance (e.g., executive order, health department order) that go beyond the requirements of and are not inconsistent with this section.

### 2. Purpose

Global Medical Response (GMR) is committed to providing a safe and healthy workplace for all our employees. GMR has developed the following COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with OSHA's COVID-19 Emergency Temporary Standard (ETS). Throughout the pandemic most, if not all, of the elements of this plan were

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in effect and contained in separate policies, procedures, and communications and this COVID-19 Plan incorporates those into a single document and adds a few new pieces required by OSHA's ETS.

GMR has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in Appendix A.

### 3. *Definitions.*

The following definitions apply to this section:

*Aerosol-generating procedure* means a medical procedure that generates aerosols that can be infectious and are of respirable size. For the purposes of this section, only the following medical procedures are considered aerosol generating procedures: Open suctioning of airways; sputum induction; cardiopulmonary resuscitation; endotracheal intubation and extubation; non-invasive ventilation (*e.g.*, BiPAP, CPAP, manual ventilation);

*Ambulatory care* means healthcare services performed on an outpatient basis, without admission to a hospital or other facility. It is provided in settings such as: Offices of physicians and other health care professionals; hospital outpatient departments; ambulatory surgical centers; specialty clinics or centers (*e.g.*, dialysis, infusion, medical imaging); and urgent care clinics. Ambulatory care does not include home healthcare settings for the purposes of this section.

*Clean/cleaning* means the removal of dirt and impurities, including germs, from surfaces using soap and water or other cleaning agents. Cleaning alone reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces.

*Close contact* means being within 6 feet of any other person for a cumulative total of 15 minutes or more over a 24-hour period during that person's potential period of transmission. The potential transmission period runs from 2 days before the person felt sick (or, for asymptomatic people, 2 days prior to test specimen collection) until the time the person is isolated.

*Common areas* means indoor or outdoor locations under the control of the employer that more than one person may use or where people congregate (*e.g.*, building lobbies, reception areas, waiting rooms, restrooms, break rooms, eating areas, conference rooms).

*COVID-19 (Coronavirus Disease 2019)* means the respiratory disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). For clarity and ease of reference, this section refers to "COVID-19" when describing exposures or potential exposures to SARS-CoV-2.

*COVID-19 positive* and *confirmed COVID-19* refer to a person who has a confirmed positive test for, or who has been diagnosed by a licensed healthcare provider with, COVID-19.

*COVID-19 symptoms* mean the following: Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

*COVID-19 test* means a test for SARS-CoV-2 that is:

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(i) Cleared or approved by the U.S. Food and Drug Administration (FDA) or is authorized by an Emergency Use Authorization (EUA) from the FDA to diagnose current infection with the SARS-CoV-2 virus; and

(ii) Administered in accordance with the FDA clearance or approval or the FDA EUA as applicable

*Direct patient care* means hands-on, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

*Disinfect/disinfection* means using an EPA-registered, hospital-grade disinfectant on EPA's "List N" (incorporated by reference, § 1910.509), in accordance with manufacturers' instructions to kill germs on surfaces.

*Facemask* means a surgical, medical procedure, dental, or isolation mask that is FDA-cleared, authorized by an FDA EUA, or offered or distributed as described in an FDA enforcement policy. Facemasks may also be referred to as "medical procedure masks."

*Face shield* means a device, typically made of clear plastic, that:

(i) Is certified to ANSI/ISEA Z87.1 (incorporated by reference, § 1910.509); or

(ii) Covers the wearer's eyes, nose, and mouth to protect from splashes, sprays, and spatter of body fluids, wraps around the sides of the wearer's face (i.e., temple-to-temple), and extends below the wearer's chin.

*Filtering facepiece respirator* means a negative pressure particulate respirator with a non-replaceable filter as an integral part of the facepiece or with the entire facepiece composed of the nonreplaceable filtering medium. The filtering facepiece respirator used by GMR is also known as an N-95 respirator.

*Fully vaccinated* means 2 weeks or more following the final dose of a COVID-19 vaccine.

*Hand hygiene* means the cleaning and/or disinfecting of one's hands by using standard handwashing methods with soap and running water or an alcohol-based hand rub that is at least 60% alcohol.

*Healthcare services* mean services that are provided to individuals by professional healthcare practitioners (e.g., doctors, nurses, emergency medical personnel, oral health professionals) for the purpose of promoting, maintaining, monitoring, or restoring health. Healthcare services are delivered through various means including: Hospitalization, long-term care, ambulatory care, home health and hospice care, emergency medical response, and patient transport. For the purposes of this section, healthcare services include autopsies.

*High-touch surfaces and equipment* means any surface or piece of equipment that is repeatedly touched by more than one person (e.g., doorknobs, light switches, countertops, handles, desks, tables, phones, keyboards, tools, toilets, faucets, sinks, credit card terminals, touchscreen-enabled devices).

*Physical location* means a site (including outdoor and indoor areas, a structure, or a group of structures) or an area within a site where work or any work-related activity (e.g., taking breaks, going to the restroom, eating, entering, or exiting work) occurs. A physical location includes the entirety of any space

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associated with the site (*e.g.*, workstations, hallways, stairwells, breakrooms, bathrooms, elevators) and any other space that an employee might occupy in arriving, working, or leaving.

*Respirator* means a type of personal protective equipment (PPE) that is certified by NIOSH under 42 CFR part 84 or is authorized under an EUA by the FDA. Respirators protect against airborne hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Common types of respirators include filtering facepiece respirators, elastomeric respirators, and PAPRs. Face coverings, facemasks, and face shields are not respirators.

*Screen* means asking questions to determine whether a person is COVID–19 positive or has symptoms of COVID–19.

*Surgical mask* means a mask that covers the user’s nose and mouth and provides a physical barrier to fluids and particulate materials. The mask meets certain fluid barrier protection standards and Class I or Class II flammability tests. Surgical masks are generally regulated by FDA as Class II devices under 21 CFR 878.4040—Surgical apparel.

*Vaccine* means a biological product authorized or licensed by the FDA to prevent or provide protection against COVID–19, whether the substance is administered through a single dose or a series of doses.

*Workplace* means a physical location (*e.g.*, fixed, mobile) where the employer’s work or operations are performed.

**4. Roles and Responsibilities**

GMR’s goal is to prevent the transmission of COVID-19 in the workplace(s). Managers as well as non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to further improve this COVID-19 plan.

The COVID-19 Safety Coordinator(s), listed below, implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has GMR’s full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

GMR Regional Directors of Safety, Air Directors of Safety and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan as changing conditions or OSHA guidance warrant.

Employee safety committee reviews and live webinars were completed to solicit employee feedback.

<b>COVID -19 Safety Coordinator</b>	<b>Facility Location</b>
Business Unit Operations Manager or Designee	All Clinical Providers who provide patient care and/or transport. (includes but not limited to SNF, hospitals, etc.)

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### 5. Hazard Assessment and Employee Protections

Not all states and localities have adopted the updated CDC guidance and you must continue to adhere to any local or state mandates (whichever is more restrictive). GMR has developed the following policies and procedures to determine employees' vaccination status:

- Questions or concerns regarding mask use in the workplace can be directed to [MaskUp@gmr.net](mailto:MaskUp@gmr.net).
- You may interact with other fully vaccinated people indoors without wearing masks or staying six feet apart. No employee wants to expose another employee to the virus, and it is expected that employees who are not fully vaccinated will continue to adhere to current GMR policy guidance requiring mask usage at all times in GMR facilities and vehicles.
- Teams that are fully vaccinated do not need to wear a mask in aircraft/ambulances/crew quarters/isolated offices when others in the area are fully vaccinated. Masks must continue to be worn when interacting with the public or non-vaccinated employees as well as continued use of other appropriate PPE for patient care.
- For both vaccinated and unvaccinated employees.
- Building capacity restrictions are no longer in effect.
- SafeRestart is **not** required for entry into GMR facilities. Employees may self-assess prior to entering the workplace. If they have any symptomology associated with COVID-19, they should notify their supervisor and not enter the workplace.
- Larger group meetings (more than 10 attendees) must be conducted at locations that can accommodate physical distancing requirements (six-foot diameter/ 3-foot radius) and masks must be worn by all attendees. The CDC continues to recommend that large gatherings be avoided, particularly those in which physical (social) distancing cannot be maintained between people who live in different households.
- Anyone who has been vaccinated should always carry a paper or electronic copy of their vaccination status with them while at work (frankly, it makes good sense to carry this information with you wherever you go as more businesses, venues and individuals use vaccination status as part of their access programs).
- GMR has identified the following well-defined areas of the workplace where fully vaccinated employees are exempt from the personal protective equipment (PPE), physical distancing, and physical barrier requirements of the ETS because there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present:
  - Teams that are fully vaccinated do not need to wear a mask in aircraft/ambulances/crew quarters/isolated offices when others in the area are fully vaccinated. Masks must continue to be worn when interacting with the public or non-vaccinated employees as well as continued use of other appropriate PPE for patient care.

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- GMR and the COVID-19 Safety Coordinator(s) have worked collaboratively with non-managerial employees and their representatives to conduct the workplace-specific hazard assessment. All completed hazard assessment form and results can be found in **Appendix A** of this plan and will be accessible to all employees and their representatives at each facility. Initial assessments were completed throughout 2020 and reviewed in June 2021.
- When a single confirmed positive COVID case occurs in any workplace all employees will wear masks for a period of 7 days. If, after 7 days no new positive cases occur the workplace may default to the protocol noted above.
- In the event additional positive cases occur the making requirement may be extended and testing protocols enacted.
- Based upon local/regional transmission rates Regional Presidents may elect to enact masking requirements for certain localities, states or entire regions.

GMR has addressed the hazards identified by the assessment and included policies and procedures on the GMR Emerging Infectious Disease (EID) site as well as routine “What You Need to Know” communication to all employees to minimize the risk of transmission of COVID-19 for each employee.

### **Patient Screening and Management**

In settings where direct patient care is provided, GMR providers will:

- Limit and monitor points of entry to the setting;
- Screen and triage all patients and other non-employees entering the setting for symptoms of COVID-19;
- Patients and non-employees must wear a mask or be provided a mask (where clinically appropriate) prior to treatment or transport.

### **Standard and Transmission-Based Precautions**

GMR has developed and implemented policies and procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC’s “[Guidelines for Isolation Precautions.](#)” These guidelines are available on the GMR EID site

### **Personal Protective Equipment (PPE)**

GMR provides and operational leaders will ensure that employees covered by this ETS utilize PPE in accordance with GMR PPE guidelines found on the EID site.

Facemasks provided by GMR are FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. Additionally, GMR provides employees with enough facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). GMR also provides

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appropriate NIOSH approved respirators (N-95's) to employees who will perform aerosol-generating procedures (AGP's).

### **Aerosol-generating procedures (AGPs) on a person with suspected or confirmed COVID-19**

When an AGP is performed on a person with suspected or confirmed COVID-19, providers will:

- Utilize a NIOSH-approved respirator and other PPE in accordance with GMR PPE guidelines, as discussed in the previous section;
- Limit the number of employees/bystanders present during the procedure to only those essential for patient care and procedure support;
- Ensure that the procedure is performed in a well-ventilated area (using ambulance exhaust fan or performing procedure on the ground for air crews if clinically appropriate).
- Clean and disinfect the surfaces and equipment in the area where the procedure was performed in accordance with GMR aircraft and vehicle cleaning and disinfection procedures, after the treatment is completed.

AGP's Include but are not limited to:

- Intubation/extubation
- CPAP/BVM
- Airway manipulation and suctioning
- CPR

The ETS exempts **fully vaccinated** employees from the PPE requirements of the ETS when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. The following are additional exceptions to GMR's requirements for facemasks:

- When an employee is alone in a room.
- While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person, or separated from other people by a physical barrier.
- When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA's COVID-19 ETS.
- When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). When this is the case, GMR will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
- When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to

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religious belief. Exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining portion of the subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, employees may wear a face shield, if their condition or disability permits it. GMR will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.

- GMR has not found that the use of a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment).

If a face shield is required to comply with OSHA's COVID-19 ETS the face shield will be cleaned by the employee at least daily and inspected for damage routinely.

GMR will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

### **Physical Distancing**

Except for fully vaccinated employee exclusions employees will practice physical distancing from others in the workplace by at least 6 feet when indoors, except where patient care and operating environments may make physical distancing inappropriate or challenging.

### **Cleaning and Disinfection**

GMR has implement policies and procedures for cleaning, disinfection, and hand hygiene, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach. Cleaning and disinfection guidelines for aircraft and vehicles can be found on the GMR EID site.

### **Ventilation**

GMR has implement policies and procedures relative to the use of ambulance ventilation systems-

- Keep pass-through doors and windows tightly shut.
- Before entering the isolated driver's compartment, the driver (if they were involved in direct patient care) should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- 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.
- If a vehicle without an isolated driver compartment and ventilation is used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting to



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create a pressure gradient toward the patient area.

- Before entering the driver's compartment, the driver (if they were involved in direct patient care) should remove their gown, gloves and eye protection and perform hand hygiene to avoid soiling the compartment. They should continue to wear their respirator (or facemask if a respirator was not available).

### Health Screening and Medical Management

#### Health Screening

Employees will self-screen before arriving for each workday and each shift.

#### Employee Notification to Employer of COVID-19 Illness or Symptoms

In accordance with current GMR Return to Workplace guidelines employees are required to promptly notify their supervisor when:

- They have tested positive for COVID-19 or;
- Been diagnosed with COVID-19 by a licensed healthcare provider; or
- Have been told by a licensed healthcare provider that they are suspected to have COVID-19 or;
- Are experiencing recent loss of taste and/or smell with no other explanation; or
- Are experiencing both fever ( $\geq 100.4^{\circ}$  F) and new unexplained cough associated with shortness of breath.

If the employee is in the workplace he/she will immediately segregate themselves from other employees and contact their supervisor. If the employee is outside of the workplace they will not report for work but will call their supervisor. Additional details on these procedures as well as sick leave policies can be found on the GMR EID site.

#### Employer Notification to Employees of COVID-19 Exposure in the Workplace

GMR will notify employees if they have been exposed to a person with COVID-19 at their workplace, as described below. The notification provisions below are not triggered by the presence of a patient with confirmed COVID-19 in a workplace where services are normally provided to suspected or confirmed COVID-19 patients (e.g., emergency rooms, ambulances, aircraft, urgent care facilities, COVID-19 testing sites, COVID-19 wards in hospitals)<sup>1</sup>.

When GMR is notified that a person who has been in the workplace is COVID-19 positive, GMR operations leaders will, within 24 hours:

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<sup>1</sup> HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and was (1) not wearing a respirator or facemask (2) not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask (3) not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

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- Notify each employee who was not wearing a respirator and any other required PPE and has been in close contact with the person with COVID-19 in the workplace. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred. The notification shall not provide any identifying information about the person who had COVID-19.
- Notify all other employees who were not wearing a respirator and any other required PPE and worked in a well-defined portion of a workplace in which the person with COVID-19 was present during the potential transmission period. The notification must specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period.
- Notify other employers whose employees were not wearing a respirator and any other required PPE and have been in close contact with the person with COVID-19 or worked in a well-defined portion of a workplace in which that person was present, during the potential transmission period. The notification will specify the date(s) the person with COVID-19 was in the workplace during the potential transmission period and the location(s) where the person with COVID-19 was in the workplace.

**Notifications can be made via electronic or telephonic means but will not include the name, contact information, or occupation of the COVID-19 positive person.**

### Medical Removal from the Workplace

GMR has also implemented a policy for removing employees from the workplace in certain circumstances. GMR will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected to have COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing both a fever of at least 100.4°F and new unexplained cough associated with shortness of breath.

For employees removed because they are COVID-19 positive, GMR will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected to have COVID-19, or are experiencing symptoms as discussed above, GMR will keep them removed [until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee].

If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below

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are met. If the employee refuses to take the test, GMR will continue to keep the employee removed from the workplace but is not obligated to provide the medical removal protection benefits discussed below.

If GMR notifies an employee that they were in close contact with a person in the workplace who is COVID-19 positive when that employee was not wearing a respirator and any other required PPE, GMR will immediately remove the employee from the workplace unless:

1. The employee does not experience recent loss of taste and/or smell with no other explanation, or fever of at least 100.4°F and new unexplained cough associated with shortness of breath;  
AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., 2 weeks or more following the final dose) or had COVID-19 and recovered within the past 3 months.

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. Options they will consider include stopping quarantine:

1. After day 10 without testing
2. After day 7 after receiving a negative test result (test must occur on day 5 or later)

After stopping quarantine, you should-

1. Watch for symptoms until 14 days after exposure.
2. If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
3. Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

GMR will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

### Return to Work Criteria

GMR will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's "Isolation Guidance" and "Return to Work Healthcare Guidance" in addition to the GMR Return to Workplace Guidelines and SafeRestart clearance. Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and

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- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employee has severe COVID-19 or an immune disease, GMR will follow the guidance of a licensed healthcare provider regarding return to work.

Pursuant to CDC guidance, asymptomatic employees may return to work after at least 10 days have passed since a positive COVID-19 test. If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

### Medical Removal Protection Benefits

GMR will continue to pay employees who have been removed from the workplace under the medical removal provisions of OSHA's COVID-19 ETS and in accordance with GMR COVID pay practice guidelines found on the EID site. When an employee has been removed from the workplace and is not working remotely or in isolation, GMR will act in accordance with COVID pay practice guidelines found on the EID site. Note the following requirements under OSHA's COVID-19 ETS:

- Employers must continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee.
- The ETS also provides that the employer's payment obligation is reduced by the amount of compensation the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.

### **Vaccination**

GMR encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. GMR will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

- Employees should plan to receive vaccinations when on an off duty shift cycle (however, there is no expectation that an employee uses accrued Paid Time Off (PTO) for vaccine administration)
- Employees will be paid for up to one shift for any adverse action related to vaccine administration

### **Training**

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GMR has implemented policies and procedures for employee training, along with the other provisions required by OSHA's COVID-19 ETS, as part of a multi-layered infection control approach.

- GMR COVID-19 training programs are accessible in the following ways:
  - Hosted employee webinars
- Routine "What Need to Know" communications
- Learning Management System COVID-19 training modules
- EID Site

GMR has ensured that each employee has received training, in a language and at a literacy level the employee understands, on the following topics:

- COVID-19, including:
  - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
  - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
    - Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
    - The signs and symptoms of COVID-19;
    - Risk factors for severe illness; and
    - When to seek medical attention;
- GMR's policies and procedures on patient screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- Employer-specific multi-employer workplace agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the workplace;
- GMR's policies and procedures for PPE worn to comply with OSHA's COVID-19 ETS, including:
  - When PPE is required for protection against COVID-19;
  - Limitations of PPE for protection against COVID-19;
  - How to properly put on, wear, and take off PPE;
  - How to properly care for, store, clean, maintain, and dispose of PPE; and
  - Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address workplace hazards other than COVID-19;
- Workplace-specific policies and procedures for cleaning and disinfection;
- GMR's policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and

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- practices (e.g., telework, flexible hours);
- The identity of GMR's Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 ETS; and
- How the employee can obtain copies of OSHA's COVID-19 ETS and any employer-specific policies and procedures developed under OSHA's COVID-19 ETS, including this written COVID-19 plan.

GMR will continue to ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.

GMR will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

### **Anti-Retaliation**

GMR values and respects the rights and dignity of each employee and does not tolerate unlawful discrimination, harassment or retaliation in any form. This applies to all employment practices and terms and conditions of employment, including recruitment, selection, hiring, compensation, benefits, promotions, detail assignments, transfers, termination of employment, career development and training, performance evaluations, awards, and all other working conditions.

The Company strictly prohibits all forms of unlawful discrimination (including harassment and retaliation) with respect to terms and conditions of employment, including but not limited to discrimination based on a person's race, creed, color, religion, age, gender, genetic information, national origin, sex, gender identity, sexual or romantic orientation, spousal affiliation, pregnancy, childbirth, or condition related to pregnancy or childbirth, marital or parental status, uniformed service,

veteran status, protected disability or serious medical condition, and any other category protected under federal, state or local law.

The Company expects all leaders to base their employment decisions, including all hiring and promotion decisions, on legitimate nondiscriminatory factors including an individual's qualifications, aptitude and experience for the position, as well as satisfactory references for positions where references are requested.

The Company will issue corrective action or terminate the employment of any individual who engages in unlawful discrimination in violation of this policy, even for a first offense. If you believe you have been subjected to any form of unlawful discrimination by anyone at the Company, or by any person who does business with the Company, or if you have witnessed

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discrimination or other inappropriate workplace conduct, please immediately report the matter to Human Resources, a member of management, or the Company's Compliance Hotline (877-631-5722). There will be no retaliation for reporting a concern in good faith using this complaint procedure. All investigations will be promptly conducted and kept as confidential as is reasonably possible.

The Company posts its Equal Employment Opportunity Policy at its facilities for employees to review regularly. Through its Affirmative Action Programs, GMR takes affirmative action as called for by applicable laws and Executive Orders to recruit and advance qualified minority group individuals, females, persons with disabilities including disabled veterans, and other protected veterans. The Company's aim is to provide opportunities for all employees to realize their potential and help them reach a job performance level commensurate with their ability.

The Company's Human Resources Department has overall responsibility for monitoring compliance with equal employment opportunity laws and policies and Affirmative Action Programs and is responsible for the implementation and administration of these programs through Senior Management. The Company's administrative and supervisory staff are responsible for taking steps to ensure this Policy is distributed to and followed by all supervisory and non-supervisory personnel. If you have any

questions or wish to report any concerns, please contact HR at 888-216-0899 or the Company's Compliance Hotline at 877-631-5722.

### **Requirements implemented at no cost to employees**

GMR will continue to comply with the provisions of OSHA's COVID-19 ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under the Health Screening and Medical Management section of this Plan.

### **Recordkeeping**

- GMR will retain all versions of this COVID-19 plan implemented to comply with OSHA's COVID-19 ETS while the ETS remains in effect.
- GMR has established and maintains a COVID-19 log (SafeRestart) to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain:
  - The employee's name
  - One form of contact information
  - Occupation
  - Location where the employee worked
  - The date of the employee's last day at the workplace
  - The date of the positive test for, or diagnosis of, COVID-19, and
  - The date the employee first had one or more COVID-19 symptoms, if any were experienced.

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- GMR will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. GMR will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by OSHA's COVID-19 ETS or other federal law. [For more information, see OSHA's example [COVID-19 log](#).]
- GMR will maintain and preserve the COVID-19 log while OSHA's COVID-19 ETS remains in effect.
- By the end of the next business day after a request, GMR will provide, for examination and copying:
  - All versions of the written COVID-19 plan to all of the following: any employees, their personal representatives, and their authorized representatives.
  - The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
  - A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

### Reporting

In accordance with GMR Employee Work Related Guidelines employee work related Injury/Illness with hospitalization requires notification to the GMR Safety and Risk Management Department (SRM) and/or Human Resources. Proper notification means timely submission of claims, related documentation, pictures, etc. via STARS and supplemental communication via voicemail or phone as specified.

#### **GMR Air-Medical Locations**

STARS entries and OSHA required notifications for any air employee Injury, illness or employee held in an ED for admission or fatality will be managed by your Human Resources Team or through contact with Field Resource Utilization (whichever is applicable to your organization).

GMR Safety or HR will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of GMR learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of GMR learning about the in-patient hospitalization.

### 6. Monitoring Effectiveness



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GMR and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan so as to ensure ongoing progress and efficacy.

GMR will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

**7. Entering Residences**

[This section applies to employers who have employees who enter into private residences or other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (e.g., homeowners, sole proprietors).]

GMR has identified potential hazards and implemented measures to protect employees who, in the course of their employment, enter into private residences and other physical locations controlled by a person not covered by the Occupational Safety & Health Act of 1970 (OSH Act). Providers, in accordance with GMR PPE guidelines must treat all patients as potentially infected and utilize masks and appropriate PPE when required.

**8. Signature and Plan Availability**

The GMR VP of Safety has prepared and issued this COVID-19 plan on July 6, 2021.

This COVID-19 plan is available:

<input type="checkbox"/> Via hard copy at [office location]	<input type="checkbox"/> Posted to GMR EID Site	<input type="checkbox"/> Available by request from business unit Operations Manager or Regional or Air certificate Director of Safety. Note that this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.
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**[MORE BELOW]**

DATE: November 2020	COVID-19 HEALTHCARE ETS MODEL PLAN		
Review Date: June 2021	<b>Appendices A</b> <b>COVID-19 RISK ANALYSIS FORM</b>		
VP of Safety			
JOB TITLES	POTENTIAL TASKS BEING PERFORMED	SAFE JOB PROCEDURES IN PLACE (Engineering/Administrative/Work Practice and PPE Controls)	WORKER EXPOSURE RISK LEVEL
<b>Field and operation employees-Clinical:</b>  EMT Basic  EMT Intermediate  Paramedic Basic  Paramedic CCT  Training Officer Field EMT  Training Officer Field Paramedic  Student Paramedic/EMT  Air Medical-Pilot  Air Medical-Clinical Crewmember	In accordance with licensure/certification scope of practice Clinical Providers may be engaged in:  <b>Aerosolized generating procedures include:</b> <ol style="list-style-type: none"> <li>1. Airway suctioning</li> <li>2. Endotracheal intubation and airway management</li> <li>3. Continuous positive airway pressure (CPAP)</li> <li>4. Cardiopulmonary Resuscitation (CPR)</li> <li>5. Administration of nebulized medications</li> </ol>	<ul style="list-style-type: none"> <li>• N95 or &lt;, isolation gowns, eye protection, and gloves when performing or present for aerosol generating procedures</li> <li>• Continued compliance with organization respiratory protection and exposure control programs</li> <li>• Initial contact assessment/screening will be done at 6’ distance</li> <li>• Request bystander 6’ physical distancing and mask/face covering application</li> <li>• Utilize minimum number of personnel in contact with patient or present for AGP</li> <li>• When possible assess/treat patient in open air/well ventilated settings</li> <li>• Ambulance ventilation system.               <ul style="list-style-type: none"> <li>○ No barriers between cab and patient compartment</li> <li>○ Turn exhaust fan on</li> <li>○ Do not use the recirculate feature on the control panel (Max A/C).</li> <li>○ If practical, open the windows in the cab of the truck while keeping the exhaust fan on. If conditions do not permit cab windows to be opened, use only fresh air intake, and not recirculated</li> </ul> </li> <li>• Ambulance decontamination procedures in accordance with current GMR guidelines</li> </ul>	Very High Risk

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		<ul style="list-style-type: none"> <li>• Adherence to facility decontamination guidelines</li> <li>• Use hand soap, water, and alcohol-based hand sanitizer after contact</li> </ul>	
<p><b>Cont.</b></p>	<p>Personnel are engaged the treatment and/or transport of sick, injured or non-ambulatory patients in both the ground and air setting and may come into close contact (physical distancing between employees and between employees and others will vary and could routinely be &lt;6ft) with patients, allied agencies, or coworkers who may be infected with the COVID-19 virus and environments were surfaces or equipment have been exposed to viral particles. In accordance with licensure/certification scope of practice personnel may be engaged in:</p>	<ul style="list-style-type: none"> <li>• Minimum of procedural mask for every patient contact and provider for all contacts</li> <li>• Additional riders must wear a face mask as well</li> <li>• Initial contact assessment/screening will be done at 6’ distance</li> <li>• Request bystander 6’ physical distancing and mask/face covering application</li> <li>• Utilize minimum number of personnel in contact with patient</li> <li>• When possible assess patient in open air settings/well ventilated settings</li> <li>• Continued compliance with organization respiratory protection and exposure control programs</li> <li>• Ambulance ventilation system.             <ul style="list-style-type: none"> <li>○ No barriers between cab and patient compartment</li> <li>○ Turn exhaust fan on</li> </ul> </li> </ul>	<p>High Risk</p>

**COVID-19 HEALTHCARE ETS MODEL PLAN**

		<ul style="list-style-type: none"> <li>○ Do not use the recirculate feature on the control panel (Max A/C)</li> <li>○ If practical, open the windows in the cab of the truck while keeping the exhaust fan on. If conditions do not permit cab windows to be opened, use only fresh air intake, and not recirculated</li> <li>● Ambulance decontamination procedures in accordance with GMR guidelines</li> <li>● Adherence to facility decontamination guidelines.</li> <li>● Use hand soap, water, and alcohol-based hand sanitizer after contact</li> </ul>	
<p><b>Transportation Employees Non-clinical:</b></p> <p>Driver - Not Wheelchair</p> <p>Driver Wheelchair</p>	<p>Personnel are engaged the movement transport of ambulatory and non-ambulatory persons and may come into contact (physical distancing between employees and between employees and others will vary and could routinely be &lt;6ft) with patients who may be infected with the COVID-19 virus and environments were surfaces or equipment have been exposed to viral particles.</p>	<ul style="list-style-type: none"> <li>● Minimum of procedural mask for every occupant contact</li> <li>● Additional riders must wear a face mask as well <ul style="list-style-type: none"> <li>○ Vehicle ventilation system</li> <li>○ Turn exhaust fan on</li> <li>○ Do not use the recirculate feature on the control panel (Max A/C)</li> <li>○ If practical, open the windows in the cab of the truck while keeping the exhaust fan on. If conditions do not permit cab windows to be opened, use only fresh air</li> </ul> </li> </ul>	<p>High Risk</p>

**COVID-19 HEALTHCARE ETS MODEL PLAN**

		<p style="text-align: center;">intake, and not recirculated</p> <ul style="list-style-type: none"> <li>• Vehicle decontamination procedures in accordance with GMR guidelines</li> <li>• Adherence to facility decontamination guidelines.</li> <li>• Use hand soap, water, and alcohol-based hand sanitizer after contact</li> </ul>	
<b>Administration employees:</b>  Account Executive  President Southeast Region  Director Regional AMR Ops I  Manager Human Resources  Recruiter  Representative Human Resources  Scheduler  Risk and Safety staff  Coordinator Clinical Education Services  Coordinator Clinical Operation  Coordinator Transport  Manager Clinical Education  Manager Operations	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus (physical distancing between employees and between employees and others will vary and could routinely be <6ft). Touching infected environmental surfaces in the workplace.	<ul style="list-style-type: none"> <li>• Self-Screening by employees for COVID-19 symptoms prior to entering GMR facilities</li> <li>• Mandatory cloth face covering for all unvaccinated staff in non-patient care settings</li> <li>• Limiting non-employee access to GMR facilities</li> <li>• Telecommuting</li> <li>• Staggered shifts</li> <li>• Adherence to facility decontamination and cleaning guidelines</li> <li>• Deep cleaning protocols in place for workplace infection</li> <li>• Physical distancing and re-arranging workstations</li> <li>• Where feasible foot traffic patterns are modified to facilitate one way traffic</li> <li>• Access to common areas, breakrooms, restrooms, and lunchrooms is controlled to permit physical distancing</li> <li>• The use of barriers where appropriate</li> <li>• Access to hand soap, water, and alcohol-based hand sanitizer</li> <li>• Occupancy limits that permit physical distancing</li> </ul>	Low to Medium Risk

**COVID-19 HEALTHCARE ETS MODEL PLAN**

Specialist Clinical Education			
Supervisor Administration			
Supervisor Operations			
Program Director-Education Serv			
Educator-Education Serv			
<b>Support employees:</b>	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus. Touching infected environmental surfaces in the workplace.	<ul style="list-style-type: none"> <li>• Employee self-screening for COVID-19 symptoms prior to entering our facilities.</li> <li>• Mandatory cloth face covering for all unvaccinated staff in non-patient care settings</li> <li>• Staggered shifts.</li> <li>• Adherence to facility decontamination and cleaning guidelines</li> <li>• Deep cleaning protocols in place for workplace infection</li> <li>• Physical distancing and re-arranging workstations.</li> <li>• Access to common areas, breakrooms, restrooms, and lunchrooms is controlled to permit physical distancing.</li> <li>• Install barriers where appropriate.</li> <li>• Access to hand soap, water, and alcohol-based hand sanitizer.</li> <li>• Decontamination of vehicles per GMR guidelines prior to support employees servicing</li> <li>• Occupancy limits that permit physical distancing</li> </ul>	Medium Risk
Manager Fleet Regional			
Mechanic Associate			
Mechanic Intermediate			
Mechanic Lead			
Supervisor Fleet			
Vehicle Service Tech Associate			
<b>Communication employees to include:</b>	Interacting with providers or employees who may have been exposed to or are infected by the COVID-19 virus. Touching infected environmental surfaces in the workplace.	<ul style="list-style-type: none"> <li>• Screening employees for COVID-19 symptoms prior to entering our facilities</li> </ul>	Low to Medium Risk

**COVID-19 HEALTHCARE ETS MODEL PLAN**

Coordinator Care II  Dispatch Lead  Dispatcher II  Manager Call Center  Manager Communication Dispatch  Specialist Communications Ctr		<ul style="list-style-type: none"> <li>• Mandatory cloth face covering for all unvaccinated staff in non-patient care settings</li> <li>• Staggered shifts</li> <li>• Adherence to facility decontamination and cleaning guidelines</li> <li>• Deep cleaning protocols in place for workplace infection</li> <li>• Physical distancing and re-arranging workstations</li> <li>• Access to common areas, breakrooms, restrooms, and lunchrooms is controlled to permit physical distancing.</li> <li>• Install barriers where appropriate</li> <li>• Access to hand soap, water, and alcohol-based hand sanitizer</li> </ul>	
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**Tom L. Baldwin**

**VP of Safety**

**Global Medical Response**