

Washington Township COVID-19 Updated Guidelines

Updated and Effective as of January 20, 2021

We are constantly monitoring the CDC, ISDH, IDHS, the HRH system and other local agencies to keep abreast of the development on COVID-19 to ensure the safety of our members. This has been a fluid process and the guidelines will continue to change as we learn more about the virus and with the continuing fluidity of positive cases. Know that we are doing everything within our power to protect the members and the community we serve.

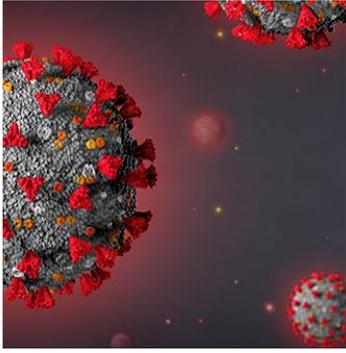
It is everyone's responsibility to follow the established guidance to protect ourselves, our families, our coworkers, and the community from the dangers of any infectious disease, not only COVID-19. Members should not solely rely on direction from the administration to participate in the fight against COVID-19. We are all in this together.

From this point forward, the guidelines will be attached to this document and placed on the Allshare. When updates occur, this document will be updated, and a directive will be sent by either the Trustee or the Fire Chief, depending on your department. This will ensure all members have access to the most current guidance in one location.

As there is no possibility of covering every scenario that could happen, these guidelines are not all inclusive. Any issue that is not covered in the guidelines will be examined and action will be determined by the Department Heads and the Health/Safety Officer. These instances will be on a case-by-case basis and if necessary, will be added in the next update.

To clarify the consistency of the guidelines, understand that township members are separated by healthcare or non-healthcare members as it pertains to COVID-19. Healthcare members (EMT-B, EMT-P) are those that could/will be called to an EMS run to provide medical care. Non-healthcare members are those that will not be called to such runs to provide medical care, regardless of which department within the township they work. For instance, there are fire department staff that are not healthcare providers and will follow the non-healthcare member's guidelines.

We would like to thank you all for your cooperation, professionalism, and dedication as we try to work through these uncertain times. If you have not received your vaccine, please consider doing so.



Washington Township COVID-19 Updated Guidelines

Healthcare Members Return to Work

A. Definitions

a. Close Contact with COVID-19

- i. Being within 6 feet of COVID-19 positive contact without appropriate PPE, OR
- ii. Unprotected direct contact with secretions or excretions of COVID-19 positive person.

b. Prolonged Exposure

- i. Close contact with COVID-19 positive person for a cumulative time of 15 or more minutes during a 24-hour period, OR
- ii. Provider not wearing full recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure (such as CPR, intubation, nebulizer treatments, ventilation, CPAP).

c. Day 1 of Exposure

- i. Because COVID-19 patients can be contagious up to 2 days prior to showing symptoms, personnel should consider “day 1” of exposure to be exposure up to 2 days prior to the contact’s symptoms onset.

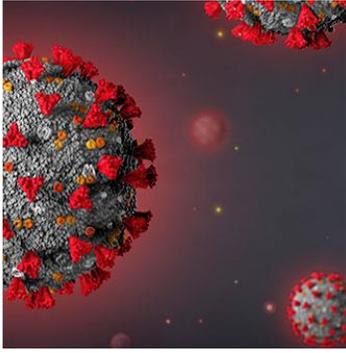
B. Personnel who develop symptoms consistent with possible COVID-19 infection

a. Exclude from work immediately and refer for COVID-19 testing.

- i. **Negative Test Result:** Personnel should remain off work until at least 24 hours of being fever-free without anti-pyretic medications, and improved respiratory symptoms (cough improved and NO shortness of breath) and GI symptoms are resolved.
 1. If symptoms do not resolve as above after 3 days post testing, consider re-testing.
- ii. **Positive Test Result:** Member shall remain off work until:
 1. At least 24 hours have passed since resolution of fever without the use of fever reducing medication, and improvement in respiratory symptoms (cough improved and NO shortness of breath), and resolution of vomiting or diarrhea, and at least 10 days have passed since any symptoms first appeared.

b. Upon return to work, members should:

- i. Always wear a facemask while working until all symptoms are completely resolved or until 14 days after symptom onset, whichever is longer.



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- ii. Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- iii. Self-monitor for symptoms and seek re-evaluation from primary care physician if symptoms recur or worsen.
- iv. Undergo temperature check at beginning and mid-shift for 14 days after onset of illness.
 1. Temperature of 100.0F requires exclusion from work and reassessment by primary care.

C. Asymptomatic members who have "Prolonged Exposure" to a COVID-19 positive contact

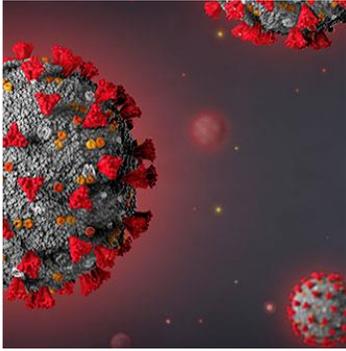
It is understood that the current pandemic has created the potential for significant staffing shortages. Return to work for asymptomatic members who have experienced "prolonged exposure" to COVID-19 positive contacts should attempt to minimize risk to other members, patients and the public, while the department is making consideration for necessary essential staffing. There are 3 levels of staffing that will dictate return to work for asymptomatic members who have prolonged exposure to a COVID-19 positive contact.

a. Level 1 (Above Minimum Staffing)

- i. Exclude from work immediately.
- ii. Members should avoid continued prolonged exposure to COVID-19 contact.
- iii. Refer to COVID-19 testing at or after 5 days following "day 1 of exposure" (testing date and time will be directed
- iv. by HRH)

1. Negative Test Result

- a. Member may return to work.
- b. Upon return must always wear a mask while working for 14 days
- c. Adhere to hand hygiene, respiratory hygiene and cough etiquette in CDC's interim infection control guidance (cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- d. Self-monitor for symptoms, and report development of even minor symptoms
 - i. If any symptoms develop, exclude from work, and follow "B" above.
- e. Undergo temperature check at beginning and mid-shift until 14 days after "day 1" of exposure.
 - i. Temperature of 100.0F requires exclusion from work (Follow "B" above)



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2. Positive Test Result

- a. No Symptoms: Members should remain off work until 14 days after “day 1” of exposure.
- b. Symptomatic: Follow “B” above

b. Level 2 (Minimum Staffing)

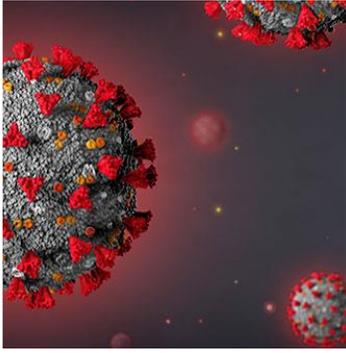
- i. Exclude from work immediately.
- ii. Members should avoid continued prolonged exposure to COVID-19 contact.
- iii. Refer to COVID-19 testing at or after 5 days following “day 1 of exposure” (testing date and time will be directed by HRH)
- iv. If member remains symptom free, they may return to work while awaiting testing results after the test has been administered.

1. Upon return to work while waiting for test results.

- a. Member must always wear a facemask while working.
- b. Must adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- c. Undergo temperature checks at the beginning of and at mid shift until 14 days after “day 1 of exposure”.
 - i. Temperature $>100.0F$ requires exclusion from work and to follow section “B” above.
- d. Self-monitor for symptoms, and report development of even minor symptoms. If **ANY** symptoms develop, exclude from work immediately and follow section “B” above.

c. Level 3 (Below Minimum Staffing as suggested by the CDC for staffing shortages)

- i. Members continue to work.
- ii. Members should avoid continued prolonged exposure to COVID-19 contacts.
- iii. Either:
 1. Member remains working and is referred for COVID-19 testing at or after 5 days following “day 1 of exposure”.
 - a. If symptoms develop, exclude from work, and follow section “B” above.
 - b. If negative test results, continue to work.
 - c. If positive test results, exclude from work and follow section “B” above.
 2. No testing and member remain working.



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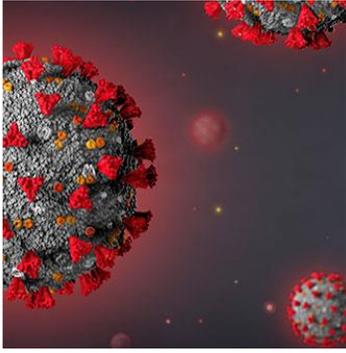
- a. If symptoms develop, exclude from work, and follow section “B” above.

Members that have tested positive and have since recovered (within 90 days of recovery) or those that have had their complete vaccination (within 180 days of the second dose) may return to work after an exposure in their home. If symptoms develop, refer to section “B” above.

It is required that all members must wear a face covering while at work with the exceptions of eating, sleeping, showering, engaged in strenuous activity or when isolated in a single person workspace.

N95 or APR’s must be worn when treating patients who are potentially COVID-19 positive, exhibit flu-like symptoms or who require aerosol-generating procedures. All other patients require, at a minimum, a cloth or surgical mask.

The Droplet Zero Protocol is still to be used on all potential COVID-19 patients.



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Non-Healthcare Members Return to Work

A. Definitions

a. **Close Contact with COVID-19**

- i. Being within 6 feet of COVID-19 positive contact without appropriate PPE, OR
- ii. Unprotected direct contact with secretions or excretions of COVID-19 positive person.

b. **Prolonged Exposure**

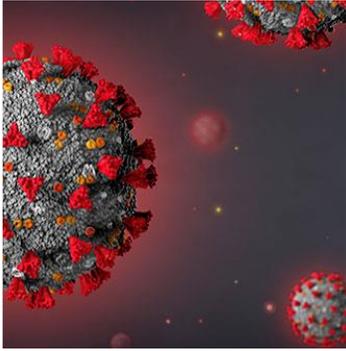
- i. Close contact with COVID-19 positive person for a cumulative time period of 15 or more minutes during a 24-hour period, OR
- ii. Provider not wearing full recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure (such as CPR, intubation, nebulizer treatments, ventilation, CPAP).

c. **Day 1 of Exposure**

- i. Because COVID-19 patients can be contagious up to 2 days prior to showing symptoms, personnel should consider “day 1” of exposure to be exposure up to 2 days prior to the contact’s symptoms onset.

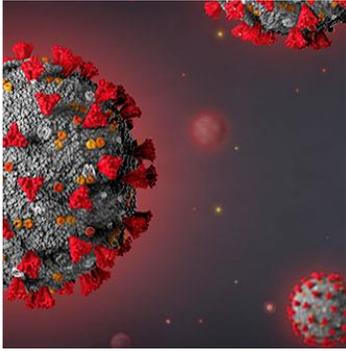
B. **If a member is exposed to:**

- a. Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness). **AND/OR**
- b. Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation).
 - i. Stay home until 14 days after last exposure and always maintain social distance (at least 6 feet) from others.
 - ii. Self-monitor for symptoms
 1. Check temperature twice a day.
 2. Watch for fever, cough, shortness of breath or other symptoms of COVID-19.
 3. Avoid contact with people at higher risk for severe illness from COVID-19.
 4. Follow CDC guidance if symptoms develop.



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- a. Regardless of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment.
 - c. Possible unrecognized COVID-19 exposures in U.S. communities.
 - i. Practice social distancing and other personal prevention strategies.
 - ii. Be alert for symptoms.
 - 1. Watch for fever, cough, shortness of breath or other symptoms of COVID-19.
 - 2. Check temperature if symptoms develop.
 - iii. Follow CDC guidance if symptoms develop.
- C. Testing:**
- a. The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 (or that has been exposed to persons with confirmed or suspected COVID-19) must meet the CDC criteria for the Symptom Based Strategy if they have symptoms and the Time-Based Strategy if no symptoms are present. Members will be referred to be tested by their primary care physician, ISHD testing site or an independent testing site (e.g., immediate care, CVS, Walgreens, etc.) The member will be responsible for scheduling their test and reporting test results to their supervisor as soon as they are available.
 - i. Symptomatic
 - 1. Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation and return to work under the following conditions:
 - a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**,
 - b. At least 14 days have passed since symptoms first appeared.
 - ii. Asymptomatic
 - 1. Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation and return to work under the following conditions.



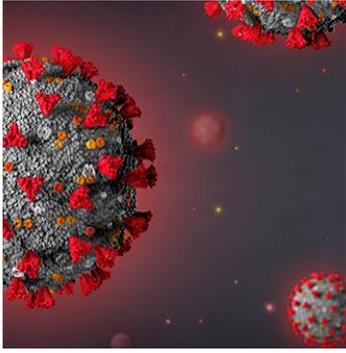
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- a. Unknown exposure: At least 14 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the Symptom Based Strategy should be used.
- b. Known exposure: At least 14 days have passed since “day 1 of exposure”, which is 2 days before COVID-19 positive contact began showing symptoms.

D. Supervisors:

- a. If a member becomes sick during the workday, they should separate from others and be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled and made aware of their potential exposure. Others with close contact within 6 feet of the member during this time, not wearing a mask, would be considered exposed.
- b. All members must follow the following:
 - i. Pre-screen
 1. Members will have their temperatures taken and recorded at the beginning of their workday.
 - ii. Regular monitoring
 1. Members should self-monitor throughout their workday.
 - iii. Wear a mask.
 1. Members should always wear a mask while in township buildings.
 - iv. Social Distancing
 1. Members must maintain social distancing in the workplace.
 - v. Disinfect and clean workspaces.
 1. Clean and disinfect all areas such as office, bathrooms, common areas and electronic equipment routinely.

Members that have tested positive and have since recovered (within 90 days of recovery) or those that have had their complete vaccination (within 180 days of the second dose) may return to work after an exposure in their home. If symptoms develop, refer to section “C” above.



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Droplet Zero Protocol for Healthcare Providers

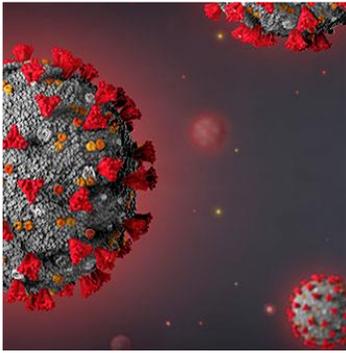
A. Effective March 19, 2020 until suspended by medical direction, all EMS providers will adopt protocols (“Droplet Zero”) to limit the generation of droplets and aerosols during clinical interventions. These protocols supersede current protocols. It is understood that any ALS procedure referenced here is for ALS personnel only.

B. The following procedures are defined as aerosol generating per the CDC:

- Bag valve mask ventilation
- Oropharyngeal suctioning
- Endotracheal intubation
- Nebulizer treatment
- Continuous positive airway pressure (CPAP)
- Cardiopulmonary resuscitation

C. PPE If an aerosol-generating procedure noted above is performed, the recommended PPE includes:

- Gloves
- Respirator/N95 mask for personnel in patient room or ambulance patient compartment where performed.
- Eye protection/Face shield
- Gown, as available for personnel in close contact with patient (especially vital for any person with respiratory illness or suspected/possible Covid-19 illness)



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- If gown is not available, personnel should change uniforms after the patient encounter using appropriate droplet precautions (mask, gloves) and disinfecting uncovered skin.

D. Nebulized Medications

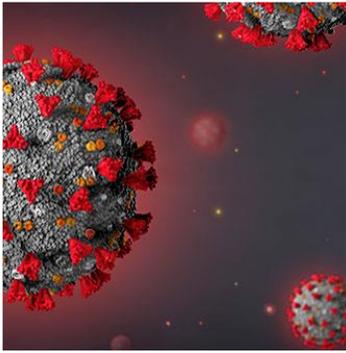
- Use should be avoided if possible –
- **Do not administer if** the patient is (1) not hypoxic, (2) has no increased work of breathing and (3) has only minimal wheezing.
- If a patient has their own Albuterol Metered Dose Inhaler, or if EMS has can provide, **its use is preferred over a nebulizer.**
- **If a nebulizer must be used:**
 - First dose of nebulized medicine should be given on-scene (avoid delivery in back of ambulance if possible)
 - Do not use T-Piece nebulizer, use only mask with flow rate 6lpm or less.
 - Use surgical face mask over nebulizer mask.
 - Discontinue nebulizer during patient movement from ambulance into ED.

E. Oxygen Administration equipment

- Nasal cannula is preferred over a non-rebreather mask.
- Place surgical facemask over any use of oxygen delivery devices (cannula, NRB or nebulizer mask)

F. BVM Ventilation

- If available, use HEPA filter in-line or exhalation filter with bag.
- If filters are not available, utilize surgical mask to minimize aerosol droplet exposure from BVM exhalation port.
- Maintain tight face seal.
- Avoid gastric insufflation and overly forceful ventilation.



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G. Advanced Airway Management

1. Effective immediately, the preferred 1st line advanced airway management is the use of an i-Gel with filter system attached (if available) during insertion.

- Surgical mask with i-Gel through it, over patient's mouth and nose can be utilized as droplet shield from any air leak.

2. Endotracheal intubation is to be avoided whenever possible.

H. Suctioning

- Unnecessary suctioning should be avoided.
- The use of a droplet shield should be utilized if available.

I. CPAP

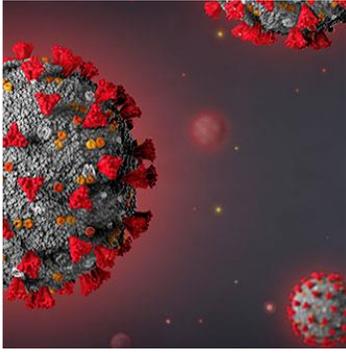
- The use of CPAP should be avoided when possible.
- The use of CPAP devices with filters is preferred over non-filtered CPAP devices if CPAP must be used.
- Discontinue CPAP and place on high flow O₂ during patient movement into ED from the ambulance.

J. Cardiac Arrest

- PPE as noted above should be worn for the management of cardiac arrest, including the provision of CPR.

K. Transport

- As much as possible, avoid aerosol generating procedures performed inside the ambulance.



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- If intervention in the ambulance must be performed, minimize individuals in the patient compartment during any aerosol generating procedure.
- Turn on fan to maximum compartment air flow.

L. At Hospital

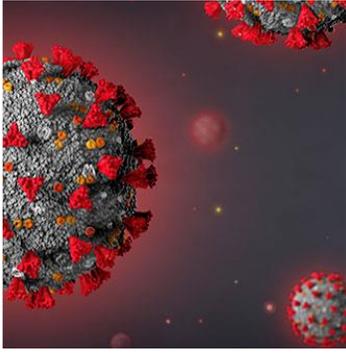
- Communicate with receiving hospital to ensure they are ready for patient arrival.
- Discontinue any nebulizers and CPAP prior to entering hospital.
- Transition to nasal cannula with surgical facemask over patient while moving from ambulance to patient room.

M. Pediatric considerations

- Use bag-valve-mask filter that does not increase dead space (i.e., an exhaust filter does not increase dead space)
- In the event of short-duration ventilation support (e.g., seizure), bag-valve-mask ventilation is preferred over i-Gel placement.
- In cardiac arrest, i-Gel w/ filter is preferred.

N. Personnel Considerations

To minimize personnel exposure to potential Covid infection, it is encouraged that crews limit the numbers of providers in close contact with patients to the minimum necessary to provide appropriate care.



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Guidance:

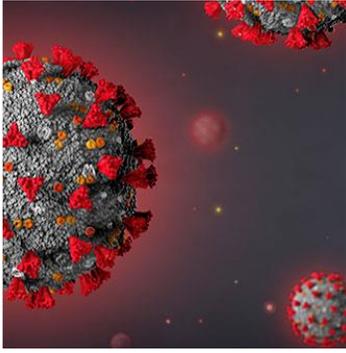
It is everyone's responsibility to follow the established guidelines to give you (and your family) the best possible protection against the dangers of any infectious disease, not just COVID-19. Members should not rely solely on direction from the administration. If you or someone you live with are sick, do not come to work.

Signs and Symptoms:

- Temperature over 100.0, cough, shortness of breath, sore throat, loss of taste and/or smell, vomiting and diarrhea.
- Healthcare providers, dispatch will be asking additional questions to determine if the run will be COVID related.
 - If they determine the call meets the requirements, this is the way they will dispatch.
 - “Has the patient been exposed to someone who has been diagnosed with the Coronavirus?”
 - “Has the patient been exposed to someone who was ill with a febrile respiratory illness?”
 - Check your MDT for additional information on PPE.

Hygiene and Decontamination:

- Members will take and record their body temperature at the beginning of the workday.
- Be sure you are engaging in excellent personal hygiene.
 - Wash your hands for at least 20 seconds several times per day.
 - After each patient encounter
 - Before you eat
 - After you eat
 - Any other time that is prudently necessary
 - Healthcare providers, shower after an encounter with a potentially COVID-19 positive contact and at the end of your shift before you go home.
- Healthcare providers launder your uniform.
 - After an encounter with a potentially COVID-19 positive patient.
 - Do not take your uniform home to launder. The department supplies adequate facilities and detergent to do laundry on shift.
 - Be sure you are putting on a clean uniform at the beginning of each shift.

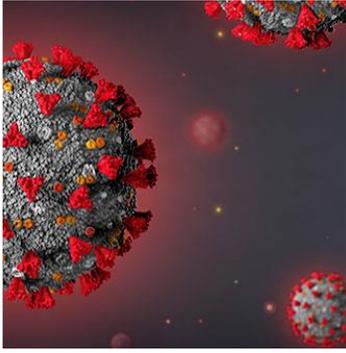


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- Disinfectant sprayers (cordless) have been supplied to each firehouse, headquarters and to the Parks Department.
 - Sprayers should be used, at a minimum, once per week with the supplied NDC disinfectant at the end of the workday.
 - NDC disinfectant will be mixed through the supplied proportioner to assure the proper dilution.
 - Hard and absorbent surfaces will be sprayed and let set for a minimum of 5 minutes.
 - Do not spray electronic devices.
 - Adding sprayers to the disinfecting process does not eliminate the need to continue the daily cleaning as directed in this guideline.
- Disinfectant foggers (corded) have been supplied to each firehouse.
 - Foggers should be used, at a minimum, after each potential COVID-19 patient contact in all fire department apparatus and on all reusable PPE (e.g., gowns, goggles).
 - NDC disinfectant will be mixed through the supplied proportioner to assure proper dilution.
 - Hard and absorbent surfaces will be fogged and let set for a minimum of 5 minutes.
 - Do not fog electronic devices.
 - Adding foggers to the disinfecting process does not eliminate the need to continue the daily cleaning as directed in this guideline, not does it alter the detailing schedule of any apparatus.
- Disinfect township vehicles, firehouses and other township buildings.
 - Utilize NDC disinfectant, Virex or Cavicide on surfaces, let sit for at least 5 minutes.
 - Utilize peroxide wipes for computer screens, radios, cell phones and other electrical devices.
 - The hard surfaces at the firehouses and township buildings will be disinfected multiple times per day, as necessary.

Healthcare Providers PPE:

- Limit close contact with patients and family members when you can. 6-10 feet is recommended if possible.
- Disposable gloves, N95 mask or APR, reusable gowns and eye protection must be worn when near potential COVID-19 positive patients.
- Place or give a surgical mask to the patient and any other bystanders that have been in close contact with the patient.

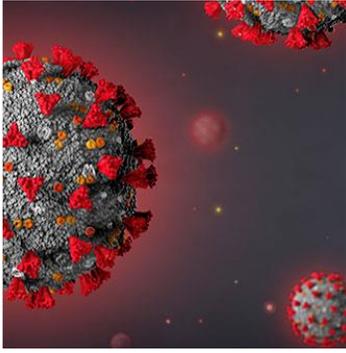


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- After the run, and after disinfecting the ambulance, disposable PPE items should be placed in biohazardous waste bag and disposed of in the bio receptacles at the hospital, or station 142 or station 143.

Healthcare Providers Patient Treatment and Transport:

- Interview from the front door when possible.
 - Begin your patient assessment from the threshold of the entrance to their home.
 - If the patient can walk to you, let them.
- Limit the number of essential personnel entering patient areas on all runs.
 - The ambulance crew is to enter the home/room and determine if the fire crew is necessary.
 - If not necessary for that patient, disregard the fire apparatus personnel to limit exposure.
 - If necessary, for that patient, fire apparatus personnel will only enter when wearing the proper PPE.
- Limit the number of individuals in the ambulance.
 - Fire apparatus personnel should only be utilized in the back of the ambulance when necessary.
 - Patient's family members should find other means of transportation when available. If there are no other options, family members should ride in the patient compartment and be given a surgical mask to wear. No family members should ride in the cab of the ambulance.
- Follow Droplet Zero Protocol.
- Interventions to avoid if possible, during patient treatment.
 - Aerosol medications. If a nebulizer is necessary, utilize a mask nebulizer and place a surgical mask over it rather than a T Bar nebulizer.
 - CPAP only those that are necessary.
 - Intubation only if an iGel is not effective.
- The driver should remove disposable PPE and place in biohazardous bag before entering the drivers compartment of the ambulance.
- Utilize the exhaust fan in the patient compartment of the ambulance to create a negative pressure environment.
- Transport as usual to the closest appropriate facility or the facility the patient chooses.
 - Contact the receiving ED and inform them you are bringing a potential COVID-19 patient.
 - Upon arriving the ED, one crew member should enter to make sure the ED is ready to receive the patient.
 - Once ready, said crew member will return to the ambulance, don PPE and assist with patient transport to room.



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Healthcare Providers After Transport

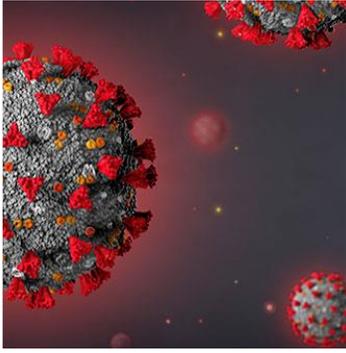
- Disinfect ambulance and reusable PPE.
 - Utilize above mentioned cleaning agents and let air dry with doors open if possible.
 - If unable to air dry, let sit for 10 minutes, reapply cleaner and wipe down.
- Discard sheets, towels, blankets and pillows in the ED's linen basket.
- Continue the exhaust fan until back to the firehouse.
- ESO report
 - Document every person that was in close contact (6-10 feet) with the patient.
 - Document PPE worn by the crew in the narrative.
- Exposure
 - A crew member should fill out an exposure packet if they were not wearing the proper PPE and they were within 6 feet of the patient or potentially infected coworker for more than 15 accumulated minutes.
 - If proper PPE was worn and these guidelines were followed, no exposure packet is necessary.
 - If the crew member feels it necessary to fill out the exposure packet, it is located on the Allshare drive and should be submitted electronically to their officer for the investigation report, then forwarded to the Division Chief of EMS.

FD Riders:

- No outside riders are permitted at this time.

Healthcare Providers Supplies:

- Supplies such as gloves, N95 masks, surgical masks, eye protection and gowns are on shortage nationwide.
 - APR's have been issued and will be used for all potential COVID-19 patient contacts.
 - It will be the responsibility of the member to maintain their own APR as this is now an issued PPE. Filters should be changed after 40 hours of on face use or if visibly contaminated.
 - N95 masks should only be used in the event of a potential COVID-19 patient and the member has not yet been issued an APR.
 - If our N95 supply becomes too low before our shipment arrives, the CDC and IDSH has approved the use of surgical masks in the interim
 - At that time, N95 masks should only be worn for the patients that are being intubated, on CPAP or requiring nebulized medication.

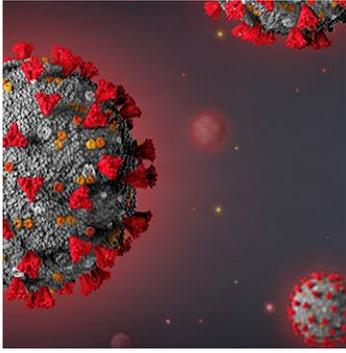


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- Reusable gowns should be disinfected and placed back in service after each use.
- Goggles should be disinfected and placed back in service after each use.

Quarantine and Return to Work:

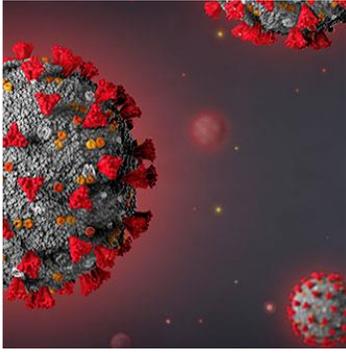
- See the return-to-work guidance at the beginning of this document.



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Current Trustee Directive:

- All township buildings are now closed to the public. Meetings can be held by appointment only. Non-township individuals that must enter township buildings must have their temperatures scanned and must always wear a mask. This includes all vendors, visiting the Fire and/or Park Support Services and Maintenance Staff. Family members may still visit the station if they wear a mask for the duration of their visit.
- All personnel are required to wear mask while in a township building or riding in a vehicle with others. The only exceptions would be eating, sleeping, engaged in strenuous activity or while in a private works space. Social distancing should be always practiced.
- Any personnel needing to see Township or Fire Admin need to set up an appt first, if possible, and this will be limited to no more than two individuals at a time.
- All meetings are to be virtual if possible. No more than 10 individuals will meet if it must be in person. The host of the meeting is responsible for disinfecting the area after the meeting.
- All scheduled trainings are to have no more 25, all scheduled events are to have no more than 50 and social distancing must be enforced, and mask will be always worn except when seated and eating. The host of the event or training will be responsible for disinfecting the area when complete.
- Cleaning policies are still in effect and are to be done as assigned by building designated supervisor.



Washington Township COVID-19 Updated Guidelines

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

<https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>

<https://secure.in.gov/dhs/files/EMTs-Administering-Vaccines-Overview-December-2020.pdf>

https://drive.google.com/file/d/1HZM_rddUI6TxOgEaGD2yF67ZB9yMB1hy/view?usp=sharing

www.hendrickscountymrc.org

<https://secure.in.gov/dhs/files/COVID19-Vaccine-Update-December-2020.pdf>

<https://scheduling.coronavirus.in.gov/vaccine>

<https://www.coronavirus.in.gov/>

<https://www.regenstrief.org/covid-dashboard/>

<https://lhi.care/covidtesting>