

MI SAFE START: EMS Education Programs

Guidelines for all phases, EMS Education Programs:

Scaling Up

- Establish and maintain communication with tribal, local and state authorities to determine current contact tracing protocol, local mitigation levels, or local reengagement phase for your community, as described in the [MI Safe Start](#) plan.
- Consider special accommodations for staff or students who are members of an at-risk population (e.g. virtual policies where possible).
- Provide staff and students from higher transmission areas utilizing virtual options as feasible to eliminate travel to the classroom in lower transmission areas and vice versa.
- Education programs should follow applicable [Occupational Safety and Health Administration \(OSHA\)](#) and [Centers for Disease Control \(CDC\) guidance for Colleges, University, and Higher Learning](#).

Safety Actions

- Enforce hand washing, covering coughs and sneezes at all times, and use of a cloth face covering by staff and students when near other employees, students, and visitors.
- Conduct health screenings prior to entering the classroom. Anyone with symptoms, should be required to leave and seek medical attention.
- Promote social distancing when feasible, maintaining a physical separation of six feet between individuals from different households.
- Ensure adequate supplies to support healthy hygiene practices for students, staff, and visitors including soap, hand sanitizer with at least 60 percent alcohol, paper towels, and tissues.
- Visitors should be discouraged.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Psychomotor training to be conducted on mannequins rather than live people.

Cleaning, disinfection, ventilation

- Clean and disinfect frequently touched surfaces (for example, door handles, workstations, lab equipment & supplies, desks) at least daily and shared objects between use. Use products that meet [EPA's criteria for use against SARS-CoV-2](#) and that are appropriate for the surface. Prior to wiping the surface, allow the disinfectant to sit for the necessary contact time recommended by the manufacturer. Train staff on proper cleaning procedures to ensure safe and correct application of disinfectants.
- Consider making available individual disinfectant wipes in bathrooms.
- Provide no-touch trash cans and, if equipped, encourage use of no-touch doors.

- Use gloves when removing garbage bags or handling and disposing of trash. Remove gloves properly and wash hands afterwards.
- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible such as by opening windows and doors. Do not open windows and doors if doing so poses a safety risk to staff, students, or visitors.
- Take steps to ensure that all water systems and features (for example, drinking fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other contaminants associated with water.

Training Employees

- Train all employees in the above safety actions while maintaining social distancing and use of face coverings during training.
- Train all instructional staff and students in the proper disinfection of equipment.

Monitoring

- Ensure that the required daily health checks (e.g., temperature and symptom screening) of employees, instructional staff, and students are being conducted.
- If implementing health checks, conduct them safely and respectfully, and in accordance with any applicable privacy laws and regulations. Confidentiality should be respected. Education programs may use examples of screening methods in [Center for Disease Control's \(CDC\) General Business FAQs](#) as a guide.
- Require staff and students who are sick to stay at home.

Response

- Staff or students with symptoms of COVID-19 (fever, cough, or shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, diarrhea) at school should immediately be sent to their home.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and to follow [CDC guidance for home isolation](#) if symptoms develop. If a person does not have symptoms follow appropriate [CDC guidance for home quarantine](#). Maintain communication with the local health department.
- Establish procedures for safely transporting anyone sick to their home or healthcare facility.
- Notify local health officials, staff, and other students (if possible) immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by a sick person and do not use them until after cleaning and disinfection. Wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met [CDC's criteria to discontinue home isolation](#).

Maintaining Healthy Operations

- Implement flexible alternatives to education, if feasible.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Other staff should know who this person is and how to contact them.
- Support coping and resilience among staff and students.

Closing

- Check State and local health department notices about transmission in the area daily and adjust operations accordingly.
- Be prepared to consider temporarily closing facilities if there is a case of COVID-19 in the building or if cases increase in the local area.

Phase 3 guidelines for EMS Education Programs:

- Didactic education should be conducted online.
- Reopen only if program can ensure strict social distancing, proper cleaning and disinfecting, and protection of their staff, students, and visitors.
- Close common areas where personnel and students are likely to congregate and interact or enforce strict social distancing protocols.
- Strongly consider special accommodations for staff and/or students who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. This may include one-on-one lab practice and testing.
- Restrict non-essential visitors and volunteers.

Phase 4 guidelines for EMS Education Programs:

- Reopen only if program can maintain a class size/lab station of less than 10 students, ensure strict social distancing, proper cleaning and disinfecting, and protection of their staff, students, and visitors.
- Strongly encouraged to continue didactic education on-line.
- Install physical barriers, such as sneeze guards and partitions, and change layout of workspaces to ensure all individuals remain at least six feet apart.
- Lab sessions should include skills only on mannequins.
- Rotate or stagger sessions to limit the amount of people in the lab station at the same time. Disinfect any re-used stations between every use.
- Close common areas where personnel and students are likely to congregate and interact or enforce social distancing protocols.

- Strongly consider special accommodations for staff or students who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. This may require one-on-one lab practice and testing.
- Continue to encourage virtual vs. in-person meetings wherever possible and feasible.
- Restrict non-essential visitors and volunteers.
- Restrict the number of staff and students in shared spaces, including offices, to maintain at least a six-foot distance between people.

Phase 5 guidelines for EMS Education Programs:

- Reopen program fully and ensure appropriate social distancing, proper cleaning and disinfecting, and the protection of staff, students, and visitors.
- Hospital clinicals and EMS agency ride along experiences can begin.
- Consider continuing didactic education on-line.
- Close common areas where staff and students are likely to congregate and interact or enforce social distancing protocols.
- Strongly consider special accommodations for students who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. This may require one-on-one lab practice and testing.
- Cancel work-related gatherings (e.g., staff meetings, after-work functions) where six feet distancing cannot be maintained.
- Restrict non-essential visitors and volunteers.
- Restrict the number of staff and students in shared spaces, to maintain at least a six-foot distance between people.

Phase late-5 guidelines for EMS Education Programs:

- Resume unrestricted access to the classroom.
- Remain open if program can ensure appropriate social distancing and hygiene measures, proper cleaning and disinfecting, and protection of their workers and customers.
- Consider continuing didactic education on-line.
- Strongly consider special accommodations for personnel who are members of an at-risk population. Members of households with at-risk residents should be aware that by returning to work or other environments where distancing is not possible, they could carry the virus back home. Precautions should be taken to isolate from at-risk residents. This may require one-on-one lab practice and testing.