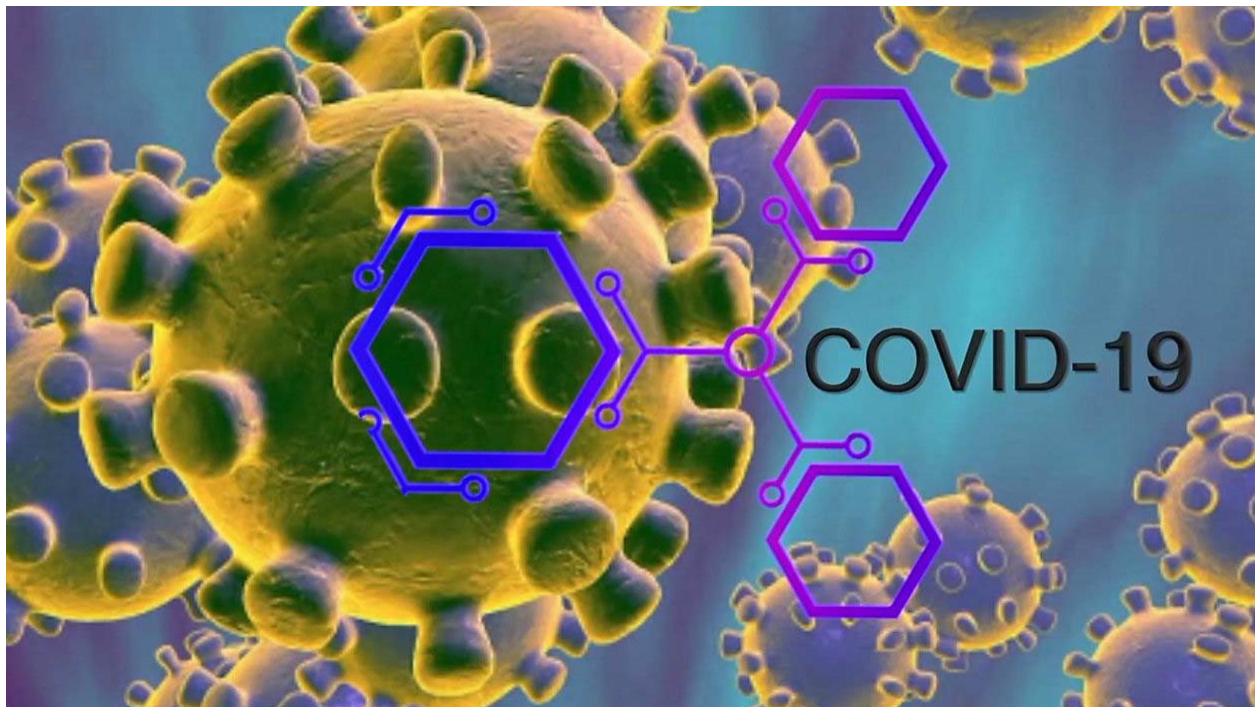




The Village of  
**Glenview**

# **COVID-19 EMERGENCY RESPONSE PLAN AND FOR INTERNAL OPERATIONS**



Established March 24, 2020  
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## 1.1 INTRODUCTION

The Village of Glenview has been closely monitoring reports and recommendations from our local, state, and national health agencies regarding COVID-19 (commonly known as Coronavirus) and continues to take proactive action to prepare for the well-being of our residents and employees. This information is designed to provide concise, clear and effective directions for the internal operational handling of the COVID-19 National Emergency. A primary source of information is the [State's COVID -19 Website](#). Other key websites are listed to the right. Nothing herein shall be precedent setting.

## 1.2 GENERAL OPERATIONS

The business of the Village will continue. While efforts are taken to minimize exposure risks, the Village provides essential services and functions to the residents of Glenview and the greater community. Accordingly, each Department shall ensure the essential operations of the Department continue in an organized and professional manner and in accordance with these directives.

## 1.3 FACILITY CLOSURES

All Village facilities shall be closed to the public effective March 19, 2020. As of March 27, 2020 the Police Records window was closed. The police lobby remains open with access to Dispatch. Incoming phone calls are being handled remodeling between the hours 8:00 a.m. to 5:00 p.m., Monday through Friday.

## 1.4 PERMITS & TRANSACTIONS

To limit exposure risks, Departments with public interaction should explore innovative ways to allow the public to do business with the Village remotely. All financial and permitting transactions with the Village must either be done online through the Citizens Self Service application or via the telephone or the mail. Payments for water billing may be made over the phone and in accordance with Section 1.3. Until further notice, late fees will not be assessed and water will not be shut-off except in emergency situations. This is continually being evaluated and may change as appropriate.



### HEALTH OFFICIAL RECOMMENDATIONS

1. Practice social distancing;
2. Washing your hands often;
3. Avoid touching your eyes, nose and/or mouth with unwashed hands;
4. Avoid contact with sick people;
5. Stay home if you are sick;
6. Cover your mouth/nose with a tissue or sleeve when coughing or sneezing; and
7. Clean and disinfect frequently touched objects and surfaces.

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For more information on COVID- 19 and related health information, please visit the following websites:

[www.cdc.gov](http://www.cdc.gov)

[dph.illinois.gov](http://dph.illinois.gov)

[cookcountypublichealth.org](http://cookcountypublichealth.org)

## **1.5 COMMUNICATIONS**

The Village's Communication Manager supported by others from the Village Manager's Office shall be responsible for issuing timely press releases providing information on the Village's actions regarding COVID-19 and sharing updates as they become available.

## **1.6 PUBLIC MEETINGS**

All public meetings including the Village Board, Plan Commission, and Appearance Commission have been canceled through May 1, of which is continually being evaluated and may be extended as appropriate.

## **1.7 SANITATION**

The Director of each Department is responsible for implementing additional cleaning of the Department's offices and taking other measures to assist with the sterilization of the Department's operating space. The Facilities Department shall be responsible for additional cleanings and providing guidance on same. Requests for additional or special cleanings should be sent to [facilities@glenview.il.us](mailto:facilities@glenview.il.us).

## **1.8 EVENTS EXCEEDING 10 PEOPLE**

In accordance with guidance from the Center for Disease Control ("CDC"), all Village events expected to have a crowd in excess of 10 people shall be cancelled or, where feasible, may be postponed until after May 1, 2020. This timeframe is continually being evaluated and may be extended as appropriate.

## **1.9 BUSINESS TRAVEL AND TRAINING**

All non-essential business travel is cancelled. This includes any travel outside of Cook and Lake Counties unless it is deemed essential by the Village Manager. Attendance at all conferences and trainings through May 1, 2020, is cancelled unless remote attendance is a possibility and/or the attendance is approved by the Village Manager. This timeframe is continually being evaluated and may be extended as appropriate.

## **1.10 PROCUREMENT**

All purchases and/or expenditures made as a result of the Village's response to the COVID-19 outbreak must be tracked and coded in MUNIS with project code "COVID". The purchase of cleaning and necessary supplies by each Department is authorized to be made from any source via credit card, direct requisition, store accounts, Village-wide Purchasing Programs, and/or reimbursement upon proper receipts. The authority for Department Directors to make expenditures under this Section 1.10 shall be \$5,000, however, the Village Manager may authorize greater amounts on a case-by-case basis. Any questions regarding these purchases and/or the tracking of expenditures should be directed to the Village's Finance Department.

## 1.11 EMERGENCY SICK LEAVE

On March 13, 2020 most employees were provided with one week's worth of additional sick leave to use for circumstances identified in Sections 1.12, 1.13 and under the Village's Sick Leave Policy in the Employee Handbook. There may be additional sick leave available for employees who experience circumstances under the "Families First Coronavirus Response Act" (H.R. 6201) as outlined below:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

## 1.12 ILLNESS / STAYING HOME / SELF QUARANTINE

**Employees who are sick, with or without COVID-19 symptoms should not report to work and are required to notify a supervisor immediately.** Once an employee or household member starts to feel ill or is exhibiting symptoms, the employee should start a "**symptom diary**" for themselves and/or their household member. The "symptom diary" should include the date, description of symptoms and severity, as well as the employee's temperature. The purpose of the diary is to assist in appropriately determining when an employee may return to work.

Employees (or household member) who are sick are required to follow the guidance outlined below:

- (A) If an employee or household member is sick, suspects having COVID-19, or has tested positive for COVID-19 the employee must follow the [Center for Disease Control \(CDC\) guidelines](#). The employee is also to consult the CDC guidance on how to [discontinue home isolation](#). As of April 3, 2020 the guidance to return to work requires the employee to stay home for at least 7 days after they (or household member) first became ill **and** 72 hours after the fever has resolved (without medication) **and** symptoms are improving. *For example, if you have a fever and coughing for 4 days, you need to stay home 3 more days with no fever for a total of 7 days. Or, if you have a fever and coughing for 5 days, you need to stay home 3 more days with no fever for a total of 8 days.*
- (B) If an employee or household member has received a negative test result for COVID-19 they [may return to work](#) after their fever (temperature of 100 degrees Fahrenheit or higher) has been gone for 24 hours without the use of medication **or** after symptoms have improved (at least 4-5 days after flu symptoms started).

**Note:** Not everyone with flu will have a fever. Individuals with suspected or confirmed flu, who do not have a fever, should stay home from work at least 4-5 days after the onset of symptoms. Persons with the flu are most contagious during the first 3 days of their illness.

- (C) The employee must notify their supervisor and such circumstances will be evaluated on a case by case basis for additional direction.
- (D) Employees must use their own sick leave or other accrued leave if they are not able to return to work due to their own illness or suspected illness or that of a household member. Employees may be eligible for additional sick leave for circumstances specifically identified in Section 1.11.
- (E) Employees shall be required to obtain proper documentation of either the employee's illness or a family/household member illness, including physician notes, unless directed otherwise by the Village.
- (F) It is anticipated a variety of circumstances will arise that are not identified herein. Accordingly, requests or orders to take leave may also be determined on a case-by-case basis by the Village Manager.

### **1.13 LEAVE FOR CHILD CARE**

As a result of the closure of community schools, any employee that needs to miss work occasionally for child-care purposes may take any available leave (e.g., sick, vacation, personal days, etc.). Employees may not bring their children to work. Additionally, employees may use the additional sick leave in Section 1.11 if the employee is caring for a child if the school or place of care has been closed, or the childcare provider is unavailable due to COVID-19 precautions. All leave is subject to the approval of the Department Director.

Employees who are unable to work (or telework) due to a need to care for a child if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency may be eligible for additional leave under the FMLA expanded provisions in the Families First Coronavirus Response Act. Please contact the Village Manager's Office for more information.

### **1.14 ADMINISTRATIVE LEAVE**

Any employee subject to Section 1.12(A) whose exposure resulted from their job duties shall be placed on paid administrative leave until otherwise notified. Employees put on administrative leave shall be considered "quarantined" meaning that said employees shall not leave their place of residence except for emergency situations and/or as further directed by the Village. Employees that are asymptomatic and able to work remotely are required to do so in accordance with the Village's Telework Policy (see Appendix A). If an employee is not able to return to work after the administrative leave period, the employee shall be required to take sick leave, or other applicable leave, in accordance with the Village's Classified Benefits Handbook and/or applicable collective bargaining agreement.

## **1.15 GENERAL USE OF ACCRUED LEAVE**

Employees that are unable to come to work for reasons not related to COVID-19 must use their accrued sick or other available and appropriate leave time.

## **1.16 QUARANTINE HOUSING**

In anticipation of the potential need to quarantine first responders who may have been exposed to COVID-19, the Village has identified local hotels as a potential location to provide such housing.

## **1.17 THIRD PARTY EXPOSURE**

It is possible, and likely, that employees will come into contact with an individual that has not tested positive for COVID-19, but that has been exposed to another individual that has tested positive for COVID-19 (a/k/a “contacts of contacts”). At this time, the CDC does not classify these exposures as even a “low” risk. Accordingly, these employees are to continue working. This guidance and the directives may change if the individual that the employee came into contact with becomes symptomatic, a self-quarantine order for the employee is advised or ordered by a health care professional, or as otherwise directed by the Village Manager. Employees with a known third party exposure should notify their supervisor immediately and, depending on the circumstance and guidance from health care professionals, may be ordered to go on administrative leave in accordance with the same provisions of Section 1.13 or Section 1.14. The CDC provides [guidelines](#) for Community-Related Exposures, which are updated regularly.

## **1.18 REPORTING REQUIREMENTS / INFORMATION SHARING**

The supervisors of all Village employees shall be required to immediately report to the Directors of their Departments when any employee reports a COVID-19 related matter under Section 1.14 and Section 1.16. All Directors shall provide at least daily updates to the Village’s Manager’s Office on any operational issues they are experiencing related to COVID-19. In addition, all Directors shall provide updates to either the Village Manager’s Office related to any employee issues covered by Section 1.12 and Section 1.14 as they occur.

## **1.19 SOCIAL DISTANCING**

All employees shall be required to implement social distancing practices. Social distancing is described as proactively taking steps to avoid congregate settings, and mass gatherings, and maintaining distance (approximately 6 feet) from others when possible. The Village has purchased several GotoMeeting licenses for employees to utilize during this time and are encouraged to do so. Employees should not have in-person meetings if it is at all avoidable and should utilize the phone or video conference tools. Village operations have been reduced in non-emergency areas to allow employees to be home to further practice social distancing. Employees who have work that can be done remotely, should be doing so.



## **1.20 TELEWORK**

Employees who have the capacity to telework will do so under the Village's Telework Policy (see Appendix A). The Telework policy has been temporarily expanded to include non-exempt positions. Implementation of telework will be easier for some Village Departments compared to others but may be necessary to ensure the continuation of Village services and/or to meet operational needs. IT has been working diligently to issue laptops and soft phones to employees. The soft phones will allow communications to continue via phone as though employees were in the office. The bandwidth of the VPN network has also been increased from 50mbps to 200mbps. The issuance of equipment during this emergency period may not be permanent.

## **1.21 IDENTIFICATION**

A placard will be provided to employees, officials, and contractors who may need to come to the Village facilities to assist with an emergency response. The purpose of the placard is to provide individuals with documentation that they are part of the Village of Glenview emergency response team in the event they are questioned by the authorities.

## **1.22 PROTECTING EMPLOYEES**

The Village's public safety employees are crucial to the Village's emergency response. The Village has implemented precautions in an effort to keep employees safe and healthy. At the beginning and end of each shift, the employees in Fire, Police and Dispatch will take their temperature using an infrared thermometer. This protocol may also be applied to non-public safety departments if equipment is available. The thermometer is to be cleaned and sanitized after each use. Based on current CDC guidelines, a temperature of 100.00 for health care professionals and 100.4 for non-health care professionals will prevent an employee from being able to work. Should the temperature read higher, the employee may retest. If the retest comes back over 100.00 (healthcare professionals) or 100.4 (non-health care professionals), the employee is not permitted to work.

The best way to protect yourself and your family from COVID-19 and other respiratory illnesses is to practice the 3 C's:

### **CLEAN:**

- Wash hands frequently with soap and warm water or use hand sanitizer if soap is not available.
- Disinfect frequently touched surfaces like doorknobs, microwaves, refrigerators daily.

### **COVER:**

- Cover coughs and sneezes with a tissue or your elbow. At the first sign of illness, contain.
- Keep a distance of 6 feet from others at all times whether indoors or outdoors.

### **CONTAIN**

- Stay home when sick. Stay away from health people.
- Self-isolate as much as possible to keep your germs from spreading to others in your household.

### **1.23 INTERGOVERNMENTAL COOPERATION**

The Directors of every Department, or their designees, shall be responsible for reviewing intergovernmental agreements that are applicable to their Departments and working with their counterparts in the surrounding areas to ensure continuity of operations and planning.

### **1.24 PRIVACY**

Except as required by law, nothing herein shall allow the Village to release the private identifiable health care or medical information of its employees. The Village will maintain and confidentiality of those seeking healthcare and those who may be party of any contact investigation.

### **1.24 QUESTIONS / FURTHER DIRECTION**

Questions regarding these directives, or the implementation thereof, should be directed to the Director of your Department. Department Directors shall work with the Village Manager Office to answer and provide necessary direction.

### **1.25 EXCEPTIONS**

When it is deemed in the best interest of the Village and/or the public health, the Village Manager may, in writing, alter or waive the requirements of these directives.

### **1.26 DECLARATION OF A LOCAL EMERGENCY**

Under Chapter 26 of the Municipal Code, the Village President has the authority to exercise, by executive order, certain powers that may be reasonably necessary to respond to an emergency. Such powers include:

1. Suspend the sale and/or provision of liquor and alcoholic beverages by establishments licensed under the ordinances of the Village;
2. Order the discontinuance of selling, distributing or giving away gasoline or other liquid flammable or combustible products;
3. Order the discontinuance of selling, distributing, dispensing or giving away of any firearms or ammunition of any character whatsoever;
4. Set curfew hours for all persons within the corporate limits of the Village — this curfew to be during such hours of the day or night as deemed necessary;
5. Order the evacuation of all residences, businesses and other buildings as may be

deemed necessary;

6. Call on the National Guard through the Office of the Governor in accordance with the Illinois Internal Security Plan as outlined by the Adjutant General of the State of Illinois when the local law enforcement authorities are unable to cope with a dangerous or disastrous situation; and
7. Issue any other order as is imminently necessary for the protection of life, property, health, safety, and the public welfare.

At this time, no such executive order has been executed.

# Appendix A: Village of Glenview Remote Work Policy

## **Policy**

The Village of Glenview supports telework where it is found to have a mutual benefit for the Village and the employee. Successful telework requires collaboration between employees, their supervisors and impacted work groups and each has their own responsibilities for a successful program.

## **Definition**

Telework is defined as work that can be accomplished from a remote location. While teleworking, the employee is accessible, productive, and works their normal schedule, unless an alternative schedule is agreed to by the employee's Department Director.

## **Eligibility**

Eligibility for telework is based on both the position and the employee, as well as the organizational impact. Not every position or every employee is suited for telework. To be eligible for telework, employees must have been employed for twelve (12) consecutive months and their position must be exempt under FLSA. Once telework is approved, the first three (3) months shall be considered a trial period. Telework is voluntary and no employee shall be required to telework. There may be special circumstances where employees who do not normally telework, but are otherwise eligible, may be approved by their supervisor to do so in emergency situations.

An employee may be considered ineligible for telework in the event telework can be demonstrated to have resulted in diminished individual or organizational performance, or continuation of telework will interfere with the employee's ability to attain or return to a fully successful performance level. Employees who are not meeting performance and/or conduct expectations, or who have a disciplinary history for work performance issues, may not be eligible to telework.

## **Requesting Telework**

Employees interested in telework may utilize the Telework Request Form as a tool (which is not intended to be all inclusive) to create their telework plan to discuss with their supervisor. The discussion between the employee and supervisor should address, among other operational and organizational impacts, an assessment of the position, employee characteristics, and the remote worksite location.

## **Approval/Denial of Telework**

Department Directors will make the final decision regarding whether a position and/or employee is suitable for telework.

## **Responsibility of Supervisors**

The supervisor and employee will formulate objectives, expected results, and evaluation procedures for work completed while the employee is telecommuting. The supervisor and

employee will meet at pre-determined intervals to review the employee's work performance.

Supervisors are responsible and accountable for treating all telework and non-telework employees the same in acts involving managerial discretion, including but not limited to:

1. Distribution of assignments among all employees in the work unit;
2. Use of appropriate work tracking and communication tools regardless of whether they telework;
3. Good performance management practices, including appropriate formal and informal feedback, are essential for all employees to work effectively;
4. Other issues involving managerial discretion, including training, reassignment, promotions, reduction in grade, retention and removal of employees.

### **Responsibility of Employees**

1. While teleworking, employees are in an official duty status. Failure to adhere to applicable policies may result in, among other things, the imposition of specific limitations on telework, the termination of telework, and/or other consequences.
2. It is the employee's responsibility to ensure that the appropriate alternative worksite provides the work environment, connectivity, technology, resource access, and security consistent with the work effort in which the employee is engaged. Supervisors retain the authority to overrule an employee's selection of a particular appropriate alternative worksite location if in the supervisor's opinion that location is not a business appropriate location and/or fails to provide a working environment compliant with the conditions outlined in this policy.
3. Employees are expected to procure and provide internet service appropriate to complete the work at their own expense.
4. Employees are responsible for meeting organizational and work team requirements, including but not limited to all requirements regarding communication, accessibility, and collaboration.
5. Employees are responsible for maintaining flexibility and responsiveness to the needs of the supervisor, organization and work team. As with all work, employees are accountable for required individual contributions to the efforts of their work team, and must communicate and collaborate as appropriate with team members, ensuring that telework supports the work of the team and does not result in diminished individual, group/team or organizational performance.

## Responsibility of Impacted Work Groups

1. Work groups who have team members who telework should be inclusive of those who are teleworking. This includes but is not limited to, providing call-in numbers to meetings, using a share screen function and emailing handouts in advance of the meeting.
2. Employees who need to talk with employees who are teleworking should not hesitate to call the employee.

## Collaboration Tools



## Work Site

Any remote work site that is not a part of an established Village location or facility is considered a remote work site. The remote work site is required to be a designated workspace that is quiet and free of distractions.

A remote work site may be either the employee's home or an alternative approved location. Any change in remote work site location, shall be discussed and approved by a supervisor. More specific conditions relating to employees working from a remote work site are subject to the approval of the Department Director or designee.

The Village is not responsible for operating costs, home maintenance, property or liability insurance, or other incidental expenses (utilities, cleaning services, etc.) associated with the use of the employee's remote work site.

## Technology, Equipment and Supplies

The Village will provide core technology for teleworkers, including:

1. Laptop computer
2. Mobile phone and/or a soft phone
3. Meeting collaboration and shared screen tool (e.g. gotomeeting)

#### 4. VPN access to Village file shares

Employees are responsible for providing their own office furniture and ancillary office equipment, peripherals, and supplies.

The following conditions shall apply to use of computers, software, other Village equipment, and internet access, and all usage will comply with the Village's Computer Use Policy in the Employee Handbook:

1. When employees are provided Village equipment and/or software to telework, the Village resources at the remote work location may not be used for personal use.
2. Employees are not allowed to duplicate Village owned software. Employees must abide by the licensing regulations and restrictions for all software under license to the Village.
3. A computer used for Village business must be plugged into a surge protector and have current virus protection maintained.
4. Village computers must be routinely rebooted.
5. Restricted-access materials shall not be removed from the Village on-site work location or accessed through the computer unless approved in advance by the supervisor and the appropriate security access administrator.
6. Employees shall promptly notify their supervisor when unable to perform work assignments due to equipment failure or other unforeseen circumstances.
7. The Village reserves the right to monitor an employee's access and to assure compliance with the Telework Policy.

### **Security**

The primary work site location is required to have password protected WIFI. When working from a location without a secure WIFI, it is preferred the employee use a mobile hot spot.

Employees will protect Village information from unauthorized disclosure or damage and will comply with federal, state, and Village rules, policies and procedures regarding disclosure of public and official records. Work done at the employee's telework site is regarded as official Village business. All records, documents, and correspondence, either in paper or electronic form must be safeguarded for return to the Village. Hard copies of Village documents including sensitive or personal information shall not be removed from Village premises, without the approval of a supervisor.

Release or destruction of records should be done only in accordance with statute and Village policy and procedure, and with the knowledge of the employee's supervisor. Electronic/computer files are considered Village records and shall be protected as such.

### **Pay, Leave, Hours of Work and Official Responsibilities**

The employee's supervisor is responsible and accountable for supervising work in accordance with the Fair Labor Standards Act (FLSA). All employees (teleworking or not) are required to follow the Village's policies for requesting and obtaining approval of leave, or any change to the work schedule.

1. Telework is work time (hours of duty) and is not to be used for any purposes other than official duties.
2. The Village's workplace policies are still in full effect, even when an employee is approved for telework.
3. Employees utilizing telework are eligible for paid lunches and breaks in accordance with Village policy.

### **Expansion of Telework Due to Emergencies**

The Village of Glenview may allow employees to temporarily work from home for circumstances such as inclement weather, pandemics, special projects or business travel in order to promote continuity of operations by allowing employees to continue their work at an approved alternative worksite. Requests to Telework under emergency conditions are approved on an as-needed basis by each Department Director, subject to the approval of the Village Manager, with no expectation of on-going continuance and focuses first on the operational needs of the Village.

Employees who are non-exempt under FLSA and are approved to Telework under this section of the policy are required to report their time worked accurately and in accordance with their department's respective time keeping and reporting procedures, as well as those of the Employee Handbook.



# Appendix B: Excerpt of Fire COVID-19 Response and Protocols

## Enhanced Screening of EMS Calls

To reduce potential risk of exposure to first responders the Fire Department has worked with Glenview Public Safety Dispatch (GPSD) to implement the use of the Emerging Infectious Disease (EID) screening tool as part of the ProQA. This tool is intended to decrease risk to first responders by relaying information that will prompt the use of appropriate person protective equipment (PPE). This tool is being used for all medical calls and responding crews will be notified if there are two or more COVID-19 symptoms present. This protocol is being updated as new guidance and information is being provided by medical professionals.

## Personal Protective Equipment (PPE)

First responders have been directed to use surgical masks to be used by first responders and every patient unless an N95 is appropriate. When information is gathered that there may be a possible patient with flu like symptoms indicative of COVID-19 the responding crews should limit the amount of personnel conducting patient care. For example, one paramedic in full PPE makes patient contact and advises what equipment and personnel is needed to accomplish patient care and transport.

If GPSD identifies positive factors during their enhanced screening, crews will don the following PPE prior to patient contact.

Personal Protective Equipment for Coronavirus will include the five following items:

1. Gloves
2. Eye protection
3. Gown
4. N95 mask
5. Surgical mask on the patient

## Responding to a Call

While on scene if first responders recognize COVID-19 as a possibility, they are to withdraw from the scene, perform hand hygiene and put on full PPE.

If the patient complains of respiratory symptoms and fever, first responders are to utilize the following protocols:

- If possible assess from  $\geq 6$  feet
- Wear appropriate PPE which includes gloves, N95 mask, goggles and gown
- Place a surgical mask on the patient, may place over nasal cannula or oxygen mask
- Turn on exhaust fans during transport if possible
- Notify the receiving hospital via telemetry report of patient symptoms

- Thoroughly wash hands after removing PPE at the hospital
- Thoroughly clean all equipment after patient care using the purple wipes at ALGH and RMC making sure to follow the directions (2 min kill time). Clean monitor cables, BP cuffs and cot side rails.

Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.

If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.

All personnel should avoid touching their face, nose, and eyes while working.

Wash hands before and after patient contact. Safety glasses may be decontaminated. All other PPE is disposable and should be disposed of immediately after patient contact is complete. Wash hands after PPE is removed.

### **EMS Transport of a Suspected or Confirmed COVID- 19 Case**

If a patient with an exposure history and signs and symptoms is suggestive of COVID-19 and requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
  - Close the door/window between these compartments before bringing the patient on board.
  - If possible 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.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

### **PPE Recommendations when COVID-19 is Suspected or Known**

Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to Healthcare Provider.

Eye protection, gown, and gloves continue to be recommended. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

### **Cleaning EMS Transport Vehicles**

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI (person under investigation or confirmed COVID-19 case

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
  - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:

- “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
- This claim or a similar claim will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
- See additional information about EPA-approved emerging viral pathogens claims external icon.
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Placed soiled linen in a red biohazard bag and notify receiving staff.

### **Reporting after Potential Exposure to COVID-19**

EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their Battalion Chief or designee to ensure appropriate follow-up.

- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to B/C Wysocki, the Infection Control Officer for evaluation.
- Response Personnel should be alert for fever or respiratory symptoms (e.g., cough shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify Admin and/or their public health authority to arrange for appropriate evaluation.
- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.

## **Close Contact Defined**

There is no clearly defined definition of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

There is also insufficient data to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

Currently, close contact for healthcare exposures is defined as follows:

- being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or
- having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

## **Risk Exposures**

High-risk exposures refer to HCP who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 where HCP mucous membranes were exposed to material potentially infectious with the virus causing COVID-19. These scenarios involve interactions with symptomatic patients who were not wearing a facemask for source control. Because these exposures do not involve procedures that generate aerosols, they pose less than that described under high-risk.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

## **Reducing Potential Exposure and Mitigating Risk**

Community transmission of COVID-19 in the United States has been reported in multiple areas. This development means previously recommended actions (e.g., contact tracing

and risk assessment of all potentially exposed HCP) are impractical for implementation by healthcare facilities. In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community. HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have no identifiable risk.)

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.

### **Monitoring After Potential Exposure**

The table below represents current guidance for HCP with potential exposure in a healthcare setting to patients with confirmed COVID-19. However, HCP exposures could involve a PUI who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed. The Department will consult the CDC's website for ["Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\)"](#) for the most up to date information.

### **Additional Monitoring**

On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

### **Community or travel-associated exposures**

HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to CDC guidance. HCP should inform their facility's

occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the high- or medium- risk category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

*\* Fever is either measured temperature >100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.*

# Appendix C: Glenview Public Safety Dispatch Center COVID-19 Response and Protocols

## Police Dispatching

The Telecommunicators are asking the specific questions related to COVID-19 on all calls where a police officer or officers will be responding to the scene of a call.

For all police calls, where the police will be responding after you have obtained pertinent dispatch information and you know the caller is safe from danger please ask, “Are you or anyone on scene currently being treated for COVID-19 or do you or anyone in your home or business have a fever, cough, or breathing difficulties.” Any positive responses on any of these questions will be immediately relayed over the air as well as entered into the CAD narrative.

Also, as we start receiving information from your agencies or community regarding addresses with someone who quarantined after being diagnosed with COVID-19 or if they are quarantined because of possible exposure to COVID-19 we will place a COVID alert on the provided address. If an officer or officers are dispatched to one of these addresses with an alert the TC will advise over the air that the address has an alert for COVID-19. We are saying this in plain English over the air since the traffic is encrypted on the police talk groups, but when advising fire they will be advised to copy their Mobile for an active alert and if that isn't possible due to their inability to access the CFS on their Mobile they will be advised to use their universal precautions at the address.

## EMS Dispatching

The Infectious Disease Surveillance Tool (updated 031920) has been implemented for all medical calls to gather pertinent information. The tool is comprised of a list of questions

The following are recommended questions to ask:

- Have you had any contact with anyone in the last 21 days that is exhibiting FLU like symptoms? (asked on all 911 calls)
- Has s/he traveled outside of the United States in the last 21 days (if so, where?)
- Has s/he had contact with a person who has traveled outside of the United States from a known infected area in the past 21 days?
- Has s/he had any of the following symptoms?
  - Fever
  - Difficulty breathing or shortness of breath
  - Persistent cough

If the enhanced screening yields information, including all travel, it will be conveyed to first responders. If two symptoms are identified, they will be entered into CAD and given over to the air to all responders. Once you finish using the tool you will continue EMD as usual.



If there are no symptoms pertaining to the virus you will continue EMD as usual.

This tool is intended to identify and prevent further spread of infectious disease to both the public and first responders. If the tool indicates possible exposure, alert responders immediately. Do not wait until the end of EMD.

# Appendix D: Police COVID-19 Response and Protocols

Effective immediately, in an effort to help protect our citizens and employees from the spread of the coronavirus (COVID-19), the Glenview Police Department will be implementing additional precautions and procedures.

The protocol below will go into effect immediately and continue until further notice.

## **HIGH PRIORITY – EMERGENCY CALLS**

The Glenview Police Department will only be responding to high priority/emergency calls for service, including, but not limited to:

- Any violent crimes or crimes against persons
- Domestic or Battery related calls
- Motor vehicle crashes involving injuries or lane blockage
- Burglaries or Burglar alarms
- Any calls where evidence needs to be collected or a crime scene needs to be processed
- Or where a shift supervisor deems it necessary for a police officer to respond.

## **LOW PRIORITY CALLS FOR SERVICE**

Low priority calls for service such as information for police reports, delayed reports, non-emergency calls, property crimes or ordinance violations will only be handled via phone. When you call the police department you will be advised that an officer will call you back and generate a report over the phone.

## **PLEASE DO NOT ENTER THE BUILDING**

Do not enter the building in the following circumstances:

- If your request for service falls into the low priority classification
- If you are experiencing a fever, flu-like symptoms, sore throat or shortness of breath, unless you need immediate medical assistance
- If you have traveled outside the United States within the last 14 days

**Please return home and call the non-emergency number (847) 729-5000 to make your police report; an officer will be in touch as soon as possible.**

**When possible, and weather permitting, please meet the responding officer outside.**