



INTERNATIONAL SECURITY AND
EMERGENCY MANAGEMENT INSTITUTE

GUIDANCE FOR POLICE AND GENDARMERIE OFFICERS

HOW TO PROTECT YOURSELF IN CORONAVIRUS RISKY ENVIRONMENTS

C **RONAVIRUS**

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This Guidance has been developed by ISEM Institute experts and following Quinteto+ Exercise experience (conducted in 2019 by the European Commission – DG HOME, EUROPOL, ISEMI, CIVIPOL, Polish Police, Slovak Police, Czech Police, German Federal Police, Belgian Police and French Gendarmerie) to cover the need of police and gendarmerie officers in terms of personal protection during their duties in COVID-19 risky environments.

Various research, private, official EU and governmental sources were used to provide as much relevant information as possible for various police units and are all listed at the end of this document.

This Guidance can be freely distributed to any law enforcement agency. Each police agency can use this framework of guidelines and adapt it to its national or regional situation and legislation.

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When used in any publication, quotation of authors of this document is required, including the sources listed at the end of this document.

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Abbreviations:

CBRN – chemical, biological, radiological and nuclear

CDC – Centers for Disease Control and Prevention

COVID-19 – coronavirus disease – year 2019

CPR - cardiopulmonary resuscitation

ECHA – European Chemical Agency

ECDC – European Centre for Disease Prevention and Control

PPE – Personal Protective Equipment

SARS CoV2 - Severe acute respiratory syndrome Coronavirus n. 2 (new)

WHO – World Health Organisation

1. COVID-19 – what is it?

CORONAVIRUS

Coronavirus disease 2019 (COVID-19) is a respiratory illness. It can be spread from person to person or from contaminated surfaces to a person. It is caused by a virus officially named as SARS Cov2 or simply new coronavirus or COVID-19 virus. The outbreak first started in China, but cases have been identified in an increasing number of other parts of world, including the European Union.

Patients with COVID-19 may have various symptoms. The main list provided by WHO (1) includes **fever, dry cough and fatigue. Other symptoms may also appear: muscle pain, mild to severe respiratory illness - difficulty breathing, shortness of breath, sore throat. A small minority may have had diarrhoea, runny nose or nausea. There is not yet any reliable study (March 2020) confirming the possible infection of the region of the brain responsible for smell and taste caused by COVID-19 virus, however based on recent medical experience with several infected cases, it is theoretically possible (2).**

The COVID-19 virus can cause more severe symptoms in older people, people with weakened immune systems and those with long-term conditions like cancer, hypertension (26), chronic lung disease or diabetes.

Data from several studies suggests that symptoms may appear between 2 and 14 days after exposure to the virus.

According to several studies (3,4,5,6,7), the COVID-19 virus could remain infectious in air for up to 3 hours from infected people coughing or sneezing. It can stay alive for up to three days on plastic, metal and other types of hard surfaces but it is unclear how long the virus would remain infectious on those surfaces and the life span of the virus is much shorter on soft or absorbent surfaces such as clothing and cardboard. In a closed air-conditioned environment, the transmission distance of the new coronavirus will exceed the commonly recognized safety distance because the virus may be displaced by recirculated air and deposited on surfaces. For example, a bus travelling in Hunan Province recorded a distance of nearly 5 meters 30 minutes after the original source of infection got off the bus.

Scientists have also warned the COVID-19 virus could survive more than five days in human feces or body fluids (7,8).

Current understanding (at March 2020) about how COVID-19 spreads is based mostly on what is known about other similar coronaviruses and studies mentioned above, therefore we can see two potential routes by which people could become infected:

1. Infected respiratory droplets are produced when an infected person coughs or sneezes and these can be directly transferred into the mouths or noses of people who are nearby (within 2m) or possibly could be inhaled into the lungs. According to some studies, COVID-19

virus may potentially be transferred from an infected person while coughing and sneezing to the eyes of another person, however more research has to be done to confirm this theory⁽⁹⁾.

2. Some studies indicate ^(3,4,5,6), someone may become infected by touching a surface or object or a person that is contaminated with body fluids such as respiratory droplets, saliva ⁽¹⁰⁾ and then touching their own mouth, nose, or eyes (such as shaking hands or touching door handles then touching their own face, eating, or biting their finger nails, etc. The risk of COVID-19 transmission through blood appears to be theoretical, as there are many uncertainties about the presence of the virus in the blood ⁽¹¹⁾. However, as stated in ECDC assessment report ⁽²⁷⁾, “the virus has been detected also in whole blood”. Therefore, in some situations, the blood may contain the respiratory secretion. Touching blood in situations like car accidents, assault cases or at a crime scene where injuries occur can therefore represent a certain risk for police and gendarmerie officers.

2. RISKY ZONES

2.1 Planned police duty, intervention, operation

- Before each planned police intervention or operation, if the situation allows time for preparation, make a COVID-19 contamination risk assessment. Gather as much information as possible about people and places involved (such as previous history of risky travel and contacts, previous hospitalisation, affected places and areas, etc.).

Consider the following classifications of risky zones for the presence of a COVID-19 hazard:

Green: **Very low risk** - No known COVID-19 risk during each police intervention or operation.

A place that is not being put under quarantine AND where people are not present (or recently gathered). Non-confined areas such as outside, roads etc.

Yellow: **Low risk** - No known COVID-19 risk during each police intervention or operation. A place not being put under quarantine BUT where people are present, gathered (or recently gathered). Including both non-confined and confined areas such as shopping malls, hotels, restaurants, public places, private houses etc.

Orange: **Medium risk** - Unknown COVID-19 risk during each police intervention or operation.

A place where people potentially infected by COVID-19 may be present or gathered (or recently gathered). Including any place where there is information about the presence of people with risky travel history or contacts AND places such as hospitals, health facilities, pharmacies, prisons, quarantine shelters for persons arrived from abroad, emergency transportation, etc.

Red: **High risk** - Known COVID-19 risk during each police intervention or operation. A place where people infected by COVID-19 were reported present. Places such as hospitals for COVID-19 cases, quarantine shelters and other quarantine areas for infected people, prisons, emergency transportation, other places including private houses with infected persons or where people are self-isolating due to possible COVID-19 symptoms (even if they are not yet tested or confirmed as COVID-19 positive).



NOTE: In communities where cases of COVID-19 are increasing or high it would be necessary to automatically raise the risk from Low/Yellow to Medium/Orange and each law enforcement agency should monitor, review and decide the threshold for raising the risk level.

2.2 Urgent, unplanned police duty, intervention, operation

- All places and situations should be considered as COVID-19 **High risk** if no information about people and places involved can be gathered in advance. It should be assumed that the activity will take place in a COVID-19 contaminated environment where contact might be made with infected people.

3. HOW TO PROTECT YOURSELF?

3.1 Before any police regular duty, intervention and operation

- Learn in advance how to provide exposure control and participate in training on the use of PPE, if available. Stay up-dated with recent COVID-19 development.
- If necessary, ask for support or advice from your **CBRN police team or National CBRN team (fire fighters, civil protection, etc.)**.
- Prepare your Personal Protective Equipment (respirator, mask, suit, gloves, goggles, shoes cover) and hand sanitiser. Put the reserve of respirators, surgical masks and gloves in your service car (or keep some with you) so it can be easily accessed and used if you meet a risky COVID-19 infected person or situation during your duty.



The current consensus between scientists and medical experts for the minimal requirements to be protected from COVID-19 contamination, according to the ECDC guide (12), are as follows:

A- Respiratory protection: FFP2 or FFP3 with or without valves (N 95 - USA norm)

It is important to highlight that the respirator protects from the inhalation of droplets and particles. **Different types of respirators fit differently to users.** It is necessary to perform a fitting test. You can do your own fitting test by using a mirror and following the procedures described below.

Respirators can be divided into two categories: insulating and filtering. Filtering respirators consist of a facepiece and a filtering device (valve and filter). Sometimes the filter element is integrated into the facepiece. Respirators can be disposable or reusable. In the second case, it is possible to replace the filter when it is full. FFP2 masks have a minimum of 94% filtration percentage and maximum 8% leakage to the inside. **FFP3 masks are the most filtering mask of the FFPs.** With a minimum filtration percentage of 99% and maximum 2% leakage to the inside. Droplets from respirators with exhalation valves could leak out, therefore it is not recommended to wear it when infected.



(Illustrative sample pictures of approved FFP2/FFP3 respirator)

If respirators (above) unavailable, the use of face masks (surgical or procedural masks) is recommended but the limitations and risks connected to using surgical or procedural masks should be assessed on a case-by-case basis.

Remember, that a face mask (like the surgical mask in the picture below) mainly protect others from exhaled droplets. The wearer of the mask can protect himself only to a very limited extent. their use is recommended in case of a shortage of respirators and on a case-by-case assessment. Surgical masks do not need the wearer to do a fit test.



(Illustrative picture)

Half or Full-face mask with P3 filter including CBRN suit (the best protection for wearer), gloves and boots for specific type of intervention and requiring specialist instruction and training before use (see point 3). Don't forget, the exhalation valve allows droplets and particles exhaled by the user to escape and potentially contaminate others if wearer infected.



(Pictures: ISEMI, BOA – Polish Police)

B- Body protection: Long-sleeved water-resistant gown protecting from biological threat or full body protective suit (ex.: Tyvek 500 Xpert white)



(Picture: ISEMI, Slovak police – CBRN team)

C- Eyes protection: goggles or face shield



(Illustrative pictures - ECDC)

D- Hand protection: latex, nitrile (surgical) disposable gloves or multi-use gloves to be disinfected after use

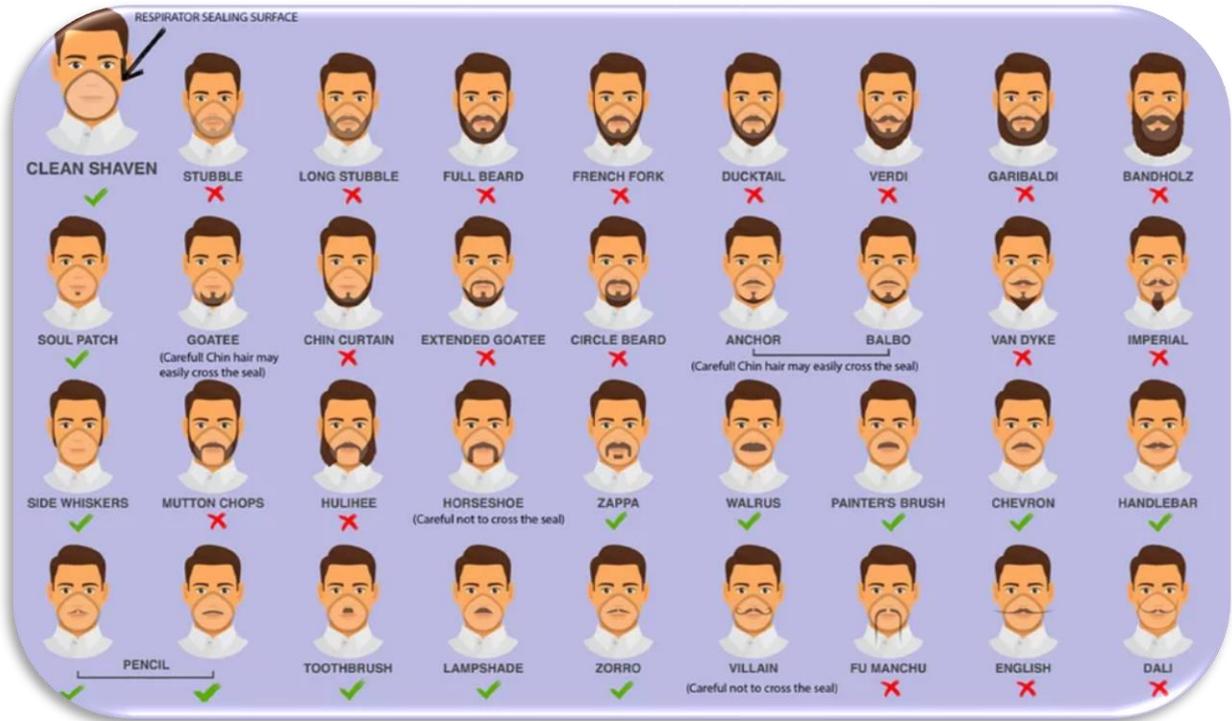


(Illustrative picture)

- Make your own COVID-19 virus contamination risk assessment (see section 2).
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Comply with good hygiene principles for your hands. Wash them thoroughly with soap and warm water before using a mask or respirator.



- After washing your hands, place the top of the respirator and press the flexible part against your face. Then press down on the face. When the respirator adheres perfectly to your face, adjust the elastic straps to keep it in a secure position. A properly worn protective mask must be close to the face and cover the mouth, nose and chin. Men should be shaved as even small hairs and stubble on the chin can cause leaks.



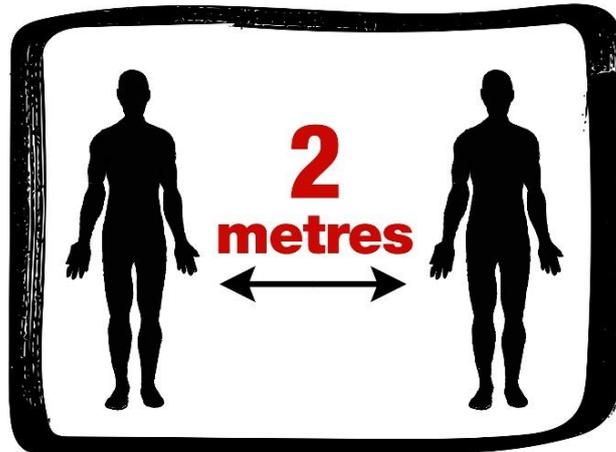
(Picture: Breathe Safe Air)



(Picture: Tronex International. Inc)

3.2 During any police regular duty, intervention and operation

- If possible, during your duty, maintain a distance of at least 2 meters from any person.



- Disposable gloves and a fluid repellent surgical face mask is recommended when operationally active or at all times based on national regulation in the crisis situation.
- If available, a disposable full body protective suit and disposable eye protection (such as face visor or goggles) should be worn in any Medium or High-risk situation (as described in part 2 above).
- In cases of police duty or any intervention use and dispose of all appropriate PPE safely and according to the instructions and training provided by your agency; including after activities such as **patrol, control, apprehension, protecting places by public order police, transport of arrested people, victims or witness suspected of being infected by COVID-19 in a car, giving first aid, assisting at a car accident, support in emergency transportation, interview, police raid - house search and crime scene investigation.**



- **In the case of a perpetrator's apprehension**, try to avoid potential cross-contamination of your colleagues. If only one officer arrests and touches the perpetrator, don't switch the role with your colleague and hold him yourself all the time until you put him in vehicle. If possible, use a special vehicle with a separated cage in the back to transport the apprehended person.



(Picture: ISEMI, BKA – German Federal Police)

- **In the case of ‘undercover’ or surveillance operations** in a Medium or High risk area, where using full PPE could reveal you as law enforcement operatives, consider using a respirator if this fits in with the actual COVID-19 situation in the area and it would not draw unnecessary attention by being used. Learn and practice not touching your face if you do this type of police work, even though you may need to use face touching signals in your undercover duty.
- **In the case of crime scene investigation**, depending on previous risk assessment (see point 2), consider relevant level of COVID-19 threat in all phases starting by crime scene reconnaissance, investigating under CBRN conditions, collecting possibly “COVID-19 virus contaminated” evidence, sampling if necessary, decontaminating evidence if possible, and ending by packaging, transporting and storage of evidence. Keep the protection level as described above. To decontaminate evidence from COVID-19 virus and not to destroy it, the specific advice has to be provided depending on the type of surface and material. In case of need, please ask your CBRN police and forensic team or ask for support our Institute.
- **In the case of SWAT team interventions**, your intervention suit (including a black hood) should provide at least minimal protection from COVID-19, but to avoid cross-contamination you should proceed with the full decontamination procedure immediately after your intervention. Don’t touch your face until you have passed the decontamination procedure. NOTE: The best black hood would be 2 holes for the eyes; a 3 holes hood is not suitable for protection from COVID-19. No hood will protect 100% from COVID-19. There is an option to put a surgical face mask under a 3 holes hood. **The best option is to use a full-face mask with P3 filters (pictured above).**



(Pictures: ISEMI, Czech Police, CBRN team)

- If any person involved in a police activity isn't wearing a respirator or face mask (such as at a car accident or a witness of a crime) then use the reserve supplies in your service car and distribute them to all the people present (if availability allows). If the police duty is performed in a COVID-19 quarantine area or people present at the place of police activity show symptoms of COVID-19 and they are wearing a respirator with an exhaling valve, provide them with a surgical mask to avoid them exhaling their body fluid through the valve. The surgical mask can be put on the respirator. Both, you and other person will feel safe.
- If you arrest or need to provide assistance to an individual who is symptomatic and may have COVID-19, wherever possible, place the person in an area away from others. If there is no specific room to separate people, ask others who are not involved in providing assistance to stay at least 2 metres away from the individual. If barriers or screens are available, these may be used.



(Picture: ISEMI, Czech Police – CBRN Team)

- **Border police, Immigration Enforcement officers, Investigators in close contact with a symptomatic person suspected to be infected by COVID-19 may need to interview them but should only do so if it is essential.** Keep at least 2 metres distance and arrange the seating area in this way. Wear appropriate PPE as outlined above.
- If you are in the situation where it is necessary to perform cardiopulmonary resuscitation (CPR), conduct a risk assessment. Consequently, adopt appropriate precautions for infection exposure. It is not recommended to perform rescue breaths or mouth-to-mouth ventilation in any COVID-19 risky situation. Perform chest compressions only. If the mouth-to-mouth ventilation is performed, monitor your symptoms during the next 14 days.



(Picture: ISEMI, Gendarmerie Nationale - France)

- Don't touch your face with potentially contaminated gloves or unwashed hands. Don't cross-contaminate your equipment, or colleagues by touching them, unless the contact is absolutely necessary!



- Observe people, their behaviour and potential COVID-19 symptoms.
- Ask all persons involved about their own and their relatives' travel and contacts to assess if they are risky. Warn people of the consequences in the case of nondisclosure of material facts related to COVID-19 infection based on your national legislation.
- If your PPE (mask, gloves, etc.) are damaged during the intervention, change them for new ones immediately. Before putting the new ones on, wash or disinfect your hands thoroughly.
- If you feel ill during your duty (with COVID-19 symptoms), ask your superior to be replaced and immediately start to wear a FFP2 or FFP3 respirator without valve or combination of valve respirator and surgical mask.

3.3 At the police station:

- Develop your own procedures for monitoring, managing and informing police station visitors and apprehended persons:
 - Display relevant signs or posters at each entrance and in other strategic places like elevators, waiting rooms, etc. instructing visitors not to enter the facility if having COVID-19 symptoms.
 - Limit the number of points of entry to the police station.
 - Inform visitors about the obligation to use appropriate PPE and sanitisers.
 - Put in disposal sanitisers next to each entrance.
 - Ask visitors to perform frequent hand hygiene and to follow the cough etiquette precautions.
 - Monitor and passively screen visitors and identify persons for COVID-19 symptoms.

- Provide appropriate PPE (mask, respirator) to those entering the police station without PPE or don't allow them to enter.
- Disinfect regularly all surfaces more frequently, including door handles, corridors, passages, waiting rooms, elevator buttons and escalator handrails, and other surfaces in heavily trafficked areas.
- Monitor and manage police and gendarmerie officers who shown signs of COVID-19 infection, or who may have been exposed to COVID-19, in cooperation with health care authorities. Please follow local medical authority guidance.

3.4 After any police regular duty, intervention and operation:

It is of critical importance to control the process of removing and disposing of PPE and clothing that may have been contaminated by COVID-19. These items are considered “dirty” and the process must prevent “dirty” items cross-contaminating the wearer, the other people or “clean” items. The procedures for managing “dirty” items and moving from a “dirty” to a “clean” status are described and illustrated below.



(Picture: ISEMI, Belgian Police and Army, CBRN – team)

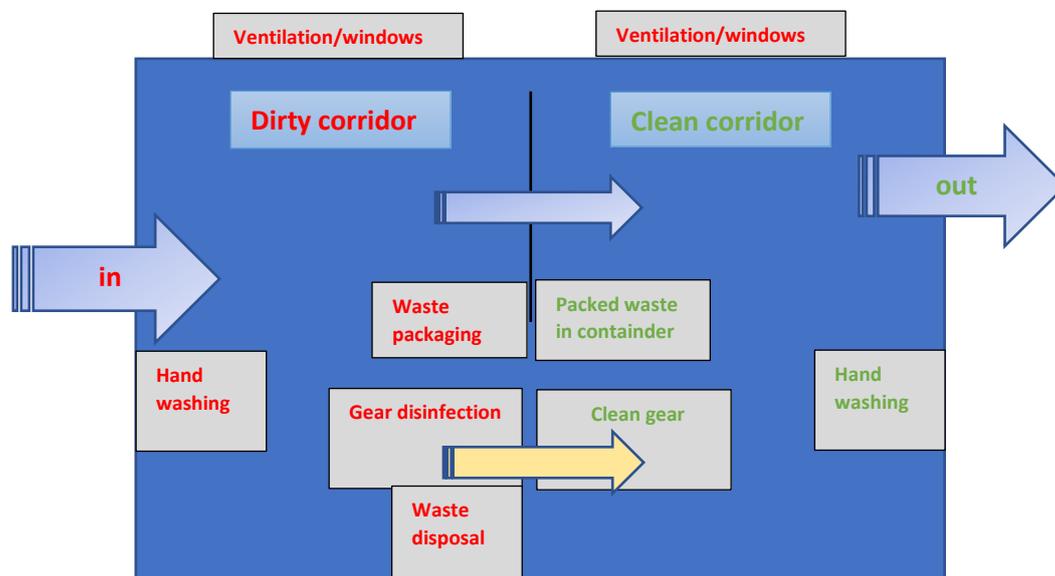


- Disrobe accordingly and safely remove and dispose of contaminated or potentially contaminated PPE and uniform in a safe place – “dirty corridor” (outside, or in decontamination zone inside the police premises). Take off safely your PPE coverall and

shoes cover if used. Don't touch external parts. In your undressing area, you can do it standing up or sitting. If you will have two chairs, one will be where you sit to take off your boot or shoe covers only. This chair will be marked clearly as dirty. Once you sit down, be careful not to transmit contaminant from one leg to another. Then grasp the outside of the boot cover and pull down toward your ankle. Lift the boot cover over your heel, pull it off your foot, and dispose of it correctly. The exact way to remove the boot or shoe covers will vary based on the manufacturer's instructions.

- Mark the dirty corridor by universal or specific bio hazardous tape and clean corridor in the disrobing place. The dirty corridor should remain marked as dirty until the full decontamination and disinfection process is concluded. The decontamination zone composed of the "dirty" and "clean" corridors should be large enough to satisfy the whole capacity of police unit. If having a decontamination zone inside, you can temporarily decide to set it up in one or two office rooms near to a water supply. It is recommended to have at least a 3 x 3 metres space for the dirty corridor for decontamination to take place and to have the area as close as possible to an entrance of the building. Ideally, there should be two different entrances into the room (one for entering and another one for exiting to the clean corridor). After each team decontamination and disinfection process, the whole room must be disinfected.

DECONTAMINATION ZONE WITHIN THE POLICE STATION

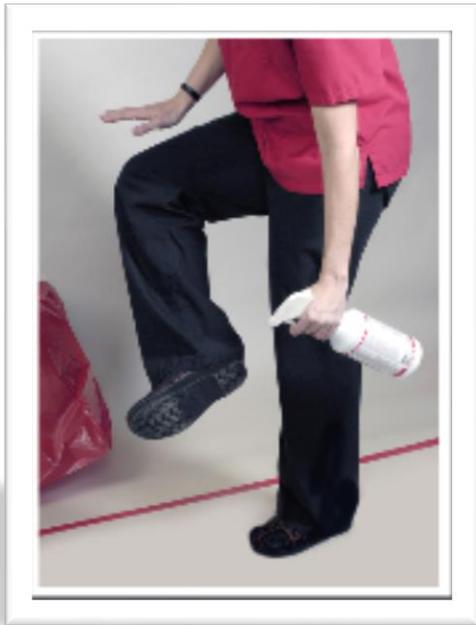
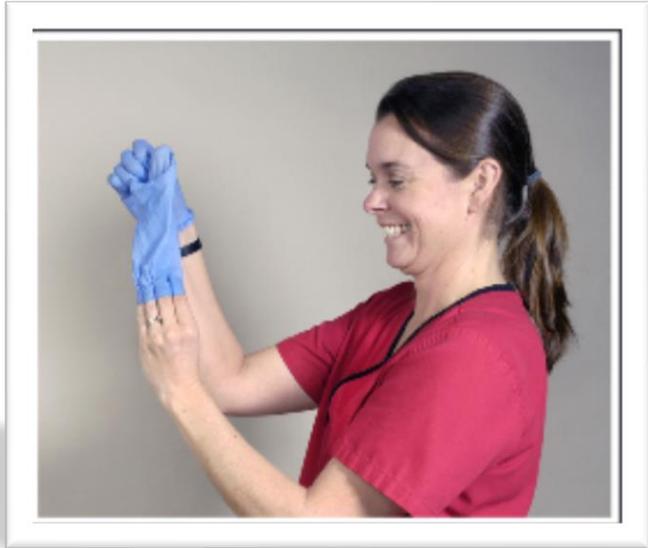


(Picture: ISEMI)

- Take off safely your working uniform or clothes. Don't touch external parts. If you don't have the possibility to disinfect and clean immediately your uniform or clothes, leave it in a sheltered place or in the "dirty" indoor corridor for 3 days. The best option is to clean clothes immediately after daily duty in the central police washing machine (or by an external service provider) if that is available. You will need to have at least two other uniforms or clothes ready for next two days.







(Pictures: Nord Carolina, CVM)

- When removing the respirator, touch only the straps, not the part that has filtered the air. First, tilt your head forward. Next, use two hands to grab the bottom strap, pull to the sides, then over your head. Then, use both hands to grab the upper strap, pull to the sides and over your head. Keep tension on the upper strap as you remove it, which will let the mask fall forward. Dispose of the mask.



(Picture: Breath Safe Air)

To remove gloves, follow these steps are proposed by Globus.co.uk according to WHO recommendation (18):

1. Pinch and hold the **outside** of the glove near the wrist area.
2. Peel downwards, away from the wrist, turning the glove inside out.
3. Pull the glove away until it is removed from the hand and **hold the inside-out glove with the gloved hand**.



4. With your un-gloved hand, slide your finger/s **under the wrist** of the remaining glove, **taking care not to touch the outside of the glove**.
5. Again, peel downwards, away from the wrist, turning the glove inside out.
6. Continue to pull the glove down and over the inside-out glove being held in your gloved hand.



(Pictures: Globus.co.UK)

This will ensure that both gloves are inside out, one glove enveloped inside the other, with no contaminant on the bare hands.

And finally, a few **DO's and DON'Ts to remember**

- DON'T touch environmental surfaces – eg: door handles, a keyboard, a computer mouse – with contaminated gloves
- DON'T touch your face or adjust PPE with contaminated gloves
- DON'T remove one glove, and then pull the other glove off by the fingertips
- DON'T reuse disposable gloves once they have been removed

- DO safely remove excess liquid beforehand
- DO change gloves when heavily soiled or if torn

- Throw out used disposable personal protective equipment into a plastic bag ready in advance or decontaminate, disinfect properly multi-use PPE by special disinfection liquids, wipes or laboratory equipment. For more information and for an indicative list of authorised disinfectant products, please visit the European Chemicals Agency (ECHA) at <https://echa.europa.eu/covid-19>.



- Decontaminate / disinfect your equipment: ballistics vests, tactical gear, shields, handcuffs, helmets, baton, prison extraction suits, vehicles, surfaces, guns, etc. that were potentially contaminated during your duty, intervention or operation by special disinfection spray or liquids or by the manufacturer's recommended method. – E.g.: based on nano-TiO₂ (Nano-Titanium dioxide*), vaporized H₂O₂, isopropyl ant typical ethanol methods. The effective method is also ultraviolet type C. Another option is disinfecting machines for Law Enforcement Agencies. Be aware that many household and commercial disinfecting products may damage your equipment. Check your manufacturer's guidance on disinfecting before you select your method.



(Picture: ISEMI, Slovak Police, CBRN and SWAT Teams)

- * Due to the hydrophilic character of titanium dioxide, water forms a closed film on surfaces. The effect is that pollutants and degradation products can be easily carried away.
- If infected or suspected person for COVID-19 virus was transported in the service car, proceed the full disinfection procedure. Before disinfecting the car, it is recommended to ventilate them for at least 15 minutes. Full transportation area, the cockpit and communication equipment components must be disinfected to avoid any cross-contamination. Use cloth (disposable) soaked disinfectant working solution.
- Special attention has to be paid when disinfecting police drones after deploying in COVID-19 contaminated area. Consider regularly disinfecting your 'high use' objects and surfaces such as mobile phone, service car door handles etc. with high level disinfectant wipes.
- Drones may be used to disinfect places, for any police operation or to help enforce people lockdown, monitoring parks and public spaces to make sure people are not leaving their homes for non-essential trips. Drones equipped with speakers can be used also to transmit public information messages and tell people to get back indoors. Therefore, their decontamination procedure has to be properly considered and implemented.



(Picture: ISEMI, Czech Police)

Consult the drone manufacturer on what chemicals are the most suitable for decontamination of their product.

- **When providing decontamination and cleaning, new appropriate PPE should be used.**

- To clean police premises where infected persons or materials have been placed or a decontamination zone established, follow these (16, 17):

- Ventilate the place, open windows, if possible, for the interval of 1 – 3 hours to get fresh air.

- In buildings without active windows opening, use existing ventilation system. In this case, high-efficiency particulate air filtration is required to be used.

- Clean properly all places with a neutral detergent, decontaminate all surfaces using a disinfectant effective against viruses. You will be able to find several licenced products with viricidal activity at the national level. If not, following the manufacturer's instructions can be used or: 0.05% sodium hypochlorite (NaClO) (dilution 1:100, if household bleach is used, which is usually at an initial concentration of 5% - 10 ml of bleach with 990 ml of water to prepare 1 L of solution) is suggested. Warning, sodium hypochlorite may damage certain surfaces. Instead, products based on ethanol and isopropanol (at least 70%) can be used for decontamination after cleaning with a neutral detergent.

- Clean appropriately surfaces, grab-rails in corridors and stairwells and door handles, toilets, bathroom sinks and sanitary facilities where a suspected infected COVID-19 person has been moving. Avoid any splash. Use disinfectant effective against viruses, or 0.1% sodium hypochlorite (20 mL of household bleach with 980 mL of water to prepare 1 L of solution).

- The ozone disinfection (in cooperation with disinfection experts) can also be used in decontamination zone (room) after traditional cleaning to reduce the risk of disease spreading from infectious body fluid left on surfaces or items.

- Towels, curtains and other textiles should be washed using a hot-water cycle (90°C) with regular laundry detergent. Using bleach or other laundry products for decontamination of textiles need to be added to the wash cycle in case if hot water cannot be applied.

- Apply the principles outlined above to car cleaning.

- Do not touch your face with unwashed hands after disrobing process.
- Practice proper hand hygiene. Wash them with soap and water for at least 20 seconds. Wash your face. If soap and water are not available and illicit drugs or other hazardous material in conflict with alcohol are NOT suspected to be present, use an alcohol-based (both ethanol and isopropanol) hand sanitizer with at least 60% alcohol. Take eventually shower if available.



(Pictures: WHO)

- Don't forget! Waste should be treated as infectious waste in accordance with waste management legislation. Respect all norms to protect people and the environment!

- For everyone’s safety, and to avoid any more contamination, it is important to CLEARLY IDENTIFY any bio hazardous waste (including disposable PPE and tissues after decontamination procedure). If any waste MIGHT be bio hazardous then it should be marked and treated AS bio hazardous. AFTER 72 hours any materials contaminated by the COVID-19 virus can be considered as general/normal waste as it will no longer be a bio hazardous risk. The following procedure describes the most practical method for handling and disposing of the waste materials (16):

- A. Should be put as first in a plastic rubbish bag. Once full tie it closed.
- B. Place it in a second bin bag, tie it closed correctly.
- C. Stick or tie down a label to the bag marking it as hazardous biological waste with the date and time (example for printing provided on last page – Annex 1).
- D. D. The bag(s) should be put in a suitable, safe and secure place (NOT in the normal communal waste area).
- E. Arrange collection and disposal as hazardous biological waste by a relevant waste management company in accordance with your legislation OR after 72 hours the bags can be disposed of through the usual communal waste channels IF they don’t contain any other hazardous waste BUT before disposing of the bag into the communal waste you must remove the hazardous biological waste label (if removing the label tears the bag you should place bag inside another bin bag and tie it closed).

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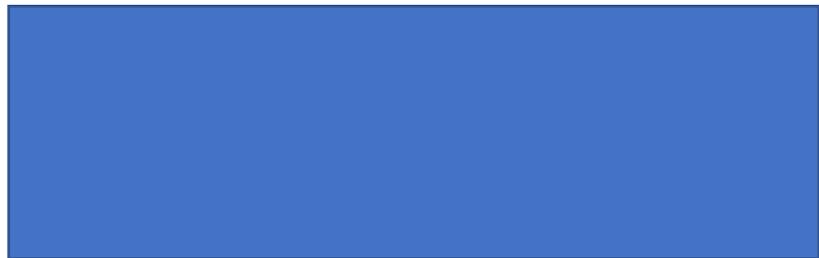
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Annex 1: You can use this biological hazard (BIOHAZARD) symbol to signify the actual or potential presence of a biohazard and to identify tools, bags, containers, rooms or combinations thereof which contain or are contaminated with viable hazardous agents.



WARNING!
Hazardous Biological Waste Specimen

Police station:

Storage place:

Name of responsible person:

Date: Time:

Hazard type: COVID-19 virus

Another biological hazard: