

PROTOCOL

**of action in response to COVID-19
deaths of agricultural workers**



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1. INTRODUCTION

Due to the behavior of the COVID-19 pandemic during its peak infection phase, agricultural companies are likely to face outbreaks of the epidemic at their facilities, as well as deaths among their workers. We hope that moment never arrives and the use of the guidelines described in this Protocol is not necessary.

To prepare this document, we relied on **standards published by the health sector as part of the legislation regarding "management of dead bodies"**, as well as the requirements established by health authorities, in particular those applicable to the response to the SARS-CoV2 (COVID-19) epidemic in Mexico.

Those standards and requirements were adapted to the specific characteristics of agricultural workers, different conditions in agricultural regions and particularities of migrant workers employed in agricultural activities.

This document is not intended to replace any guidelines or protocols established by federal, state or municipal authorities. It has also taken into consideration the official measures ordered by the health authorities as of April 21 2020.



2. OVERVIEW

2.1 Legal Framework

General Health Law

Article 3.- Under this law, the following aspects are a matter of general health: F-XXVI bis. Sanitary control of human dead bodies.

Article 181.- In case a severe **epidemic**, potential hazard of **transmissible diseases**, emergency situation or catastrophe affects the country, the Ministry of Health shall immediately establish the measures required to prevent and fight damages to human health, subject to later approval by the President of the Republic.

Article 313.- The following is the competence of the Ministry of Health:
Section II. Regulations applicable to dead bodies, in the terms of this Law.

Article 346.- Dead bodies cannot be the object of property and should always be treated with utmost respect, dignity and compassion.

Article 347.- For the purposes of this Title, dead bodies shall be classified as follows:

- I. Dead bodies of identified persons, and
- II. Dead bodies of unidentified persons.

Dead bodies not claimed within 72 hours of death, as well as those whose identity is unknown, shall be considered unidentified dead bodies.

Article 348.- Burial or cremation of dead bodies shall only be performed with the official authorization of the corresponding Civil Registry clerk, with whom the corresponding death certificate must be filed.

Dead bodies must be buried or cremated within 48 hours of death, unless specific authorization is granted by the competent health authority, a Public Prosecutor or judicial authorities.

The burial or cremation of a dead body shall only be performed at sites authorized by the competent health authorities.

Federal Civil Code

Chapter IX - On death certificates. Article 117.- No burial or cremation shall be performed without authorization in writing from the Civil Registry judge, who must confirm the death by means of a certificate issued by a legally authorized physician. Burials or cremations shall not be performed after 24 hours of death, unless ordered otherwise by the corresponding authority.

Regulations to the General Health Law

On the Sanitary Disposition of Human Organs, Tissues and Dead Bodies.

Article 58.- The Ministry shall establish the technical standards regarding conditions for the management, use, preservation and disposition of dead bodies.

Ministry of Health Agreement (Federal Official Daily Gazette –April 17 2020)

AGREEMENT to prohibit the incineration of unclaimed unidentified and identified dead bodies of persons dying of the SARS-CoV2 virus (COVID-19), and measures suggested to register deaths during the health emergency.

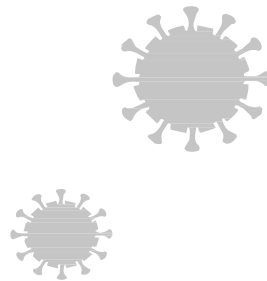
2.2 What is the Coronavirus?





- Coronaviruses are a virus family that causes different diseases (from common cold to more serious respiratory diseases) and circulates among humans and animals.
- In this case, the virus is SARS-CoV2. This virus, which was initially reported in China in December 2019, causes a disease called COVID-19, which spread throughout the world and was later declared a global pandemic by the World Health Organization.

2.3 How is COVID-19 transmitted?

This section describes the mechanisms and modes of transmission among the population. It does not include information applicable to occupationally exposed medical staff.



Mode of transmission	Mechanism
Droplets 	Saliva droplets are ejected from the mouth or nose when kissing, talking, coughing or sneezing. <ul style="list-style-type: none">• These droplets can travel a distance of up to 1 meter when talking.• These droplets can travel a distance of up to 4 meters when coughing or sneezing. They may travel even further depending on the person's strength.
Contact 	<ul style="list-style-type: none">• Through direct contact with a COVID-19 patient.• Through indirect contact with a contaminated surface.

3. GENERAL RECOMMENDATIONS

3.1 Objective

The purpose of this Protocol is to establish guidelines for agricultural companies to implement actions **in case of death of a worker and/or a migrant worker's family member** living in the housing area provided by the producer. It also includes actions to respond to a COVID-19 outbreak in the company's worksites.

3.2 Scope

This document is applicable to all of the company's worksites and the deaths of permanent, temporary or seasonal workers and/or family members of migrant workers living in housing areas provided by the producer.

3.3 Crisis management within the company

We recommend being proactive to make sure your staff know what to do in case one of your workers dies of COVID-19, and also in response to an outbreak of the disease at any of your worksites.

We suggest the following:

1. **Create a Crisis Management Committee** in the company responsible for making decisions to respond to the COVID-19 outbreak and any deaths among your workers.
2. Plan for **different scenarios** the company may face during the evolution and growth of the pandemic.
3. **Establish crisis management policies and procedures** for the company.
4. It is important to define clear rules regarding the different forms of **support provided** in case of death of workers and/or family members of migrant workers.

5. **Appoint a crisis management operations team** and define levels of responsibility and tasks for each of its members.
6. Create a **directory of government agencies and bodies** providing services for patients and persons dying of COVID-19.
7. **Train the crisis management team** in the performance of their tasks.
8. Prepare a **calendar of ordinary meetings** for the COVID-19 Crisis Management Team.
9. Schedule **emotional support sessions** to help the operations team responsible for dealing with the health emergency cope with their emotions.
10. Any situation not described in the above paragraphs must be discussed between the company's employees and the **Crisis Management Committee** and/or the company's **top management**.

3.4 Worker's information and records

In response to the situation created by the epidemic in the country, the company should do the following:

1. Make sure you have copies of **identity documents for all of the company's workers, especially migrant workers**. This should include documents such as the worker's birth certificate, unique population registry code (CURP) and voter's ID.
2. Keep an up-to-date **census of your workers**.
3. Make sure work contracts include a **clause naming the worker's beneficiaries**.
4. Keep a directory of workers' family members, which should include, at least, the following:
 1. Worker's full name.
 2. Social Security number.
 3. Worker's address (if the worker is a migrant, you should also include the address in his/her place of origin).



4. Family contact person.
5. Family contact address.
6. Contact person telephone number.

4. CONSIDERATIONS REGARDING DEATHS OF WORKERS

The subsections included in this chapter address those situations where a worker passes away after being taken to a hospital.

The following considerations also apply to those situations where the person who gets infected or dies is a family member of a migrant worker living in the housing area provided by the producer.

4.1 Measures to follow for COVID-19 patients' family members

If the worker shows respiratory disease symptoms and must be hospitalized, his/her family members must be informed of the following:

1. **Hospitals restrict access** to areas designated to care for critically ill patients.
2. These patients are placed in **isolation in areas** that can only be accessed by personnel authorized by the health facility.
3. **The family members of patients with severe respiratory diseases cannot stay with them in the hospital.**
4. **The facility will appoint a member of the medical staff to keep family members informed of the patient's status.**

4.2 Measures in case the worker passes away at a hospital

If the worker passes away at a hospital, the staff from the health facility and the funeral home should manage dead bodies properly, in accordance with applicable health laws on the disposition of human organs, tissues and dead bodies.

The following are the responsibilities of the health facility's social work staff and the main recommendations for the company's staff.

A) Responsibilities of health facility's social workers

1. Notify family members of the person's death and inform them of the following:
 - a. **Family members must identify the dead body** in accordance with the health institution's guidelines. To be able to do so, they should produce official IDs for the deceased person and the family member claiming the body.
 - b. Only **two family members and/or close friends** will be allowed to see the dead body.
 - c. Family members **should be informed of the official safety protocols to follow**. To access the facilities, they should also wear personal protection equipment.
 - d. **Family members should not touch or kiss the body.**
2. Social workers should expedite the process of returning bodies to their families.
3. Explore the possibility of additional support for grieving family members.
4. Refer family members requiring it to an institutional mental health or thanatological team.
5. The family and the dead person's body must be treated with utmost respect for human dignity.



B) Responsibilities suggested for the company staff

1. The company's social work team, or the social workers designated by its Crisis Management Committee, can work together with the health institution's social work unit to comply with official requirements.
2. If the company is notified of the death of a worker, the worker's family should be contacted immediately.
3. In case of death of a worker or one of his/her family members (i.e. a family member of a migrant worker living in the company's living quarters), we recommend following the company's policies and procedures established to that end.
4. We suggest assisting family members with the process of obtaining the death certificate.
5. **The death certificate must be delivered to a family member of the deceased person.**
6. If the person who passed away is a worker, the human resources department should receive a copy of the corresponding death certificate to include it in his/her file.

4.3 Health facility procedure for unclaimed dead bodies

In case a dead body sent to a hospital morgue has been identified but remains unclaimed, the staff responsible should notify the social work unit of the health institution, as well as the National or Local Search Commission, so attempts are made to find the person's relatives or another person responsible. In case these efforts fail within 12 hours of death, they should notify the State Prosecutor's Office, the Medical Forensic Service (SEMEFO) or the corresponding authority, in accordance with applicable state laws.

4.4 Measures in case the worker passes away outside a hospital or during transportation

If a worker passes away at his/her home or workplace, at the company's living quarters or on the way to or from such locations, the company should do the following:

1. **Report the death to the State Prosecutor's Office**, which should dispatch a team to the address or location where the death occurred.
2. A member of that team will ask a series of questions about the **deceased person's clinical history** to their family members or the persons who lived with him/her. This verbal autopsy is essential to determine the probable cause of death.
3. If the physician in charge finds the deceased person had a respiratory disease, he/she should **take a sample to rule out COVID-19** and send it to the corresponding Epidemiologic Surveillance Lab immediately.
4. The deceased person's body **must be isolated in the place of death**. The physician in charge should notify the Ministry of Health, and the body must be removed from that location following applicable biosecurity procedures.

4.5 Coffin and final resting place

The country's health authorities have stated that:

1. Once a dead body is introduced into a body bag and **the bag is disinfected**, handling that bag or the coffin containing the body does not pose any risk.
2. **Identified bodies claimed should be cremated or buried immediately**, depending on the availability of these services.



3. **The family's authorization** is required to cremate a body.
4. **The handling of ashes** does not pose any risk of infection.
5. Institutions in charge of disposing of dead bodies must **ensure the traceability of both identified and unidentified dead bodies buried**, through the use of clearly marked individual graves for suspected or confirmed cases of COVID-19.
6. The bodies of persons who have died of suspected or confirmed COVID-19 **cannot be exhumed within 180 days** of the date of burial.

For additional information, see **Annex 1**.

4.6 Funeral rites

Funeral wakes at a funeral home, a private home or living quarters must be avoided to the extent possible.

In case the family chooses to hold a funeral wake, the following rules should be observed:

1. Make sure to follow all **the corresponding health, hygiene and safe distancing measures**.
2. **Funeral services should last no longer than 4 hours and be held with a closed casket.**
3. The service should be attended by **a maximum of 20 persons**, provided the space allows for safe distancing.

4. Family members who were in contact with the deceased prior to his/her death should follow social distancing measures for 14 days after the date of last contact.
5. Family members may receive condolences from relatives and close friends at their home, **preferably after the above-mentioned 14-day social distancing period**, always following the applicable measures to avoid getting infected.

A) Preventive measures during funeral wakes.

All funeral wakes, whether they take place at a funeral home, a private home or living quarters, must observe the following measures:

1. Attendees should be asymptomatic.
2. They should wear surgical masks at all times.
3. The funeral home must make hand sanitation arrangements.
4. No large crowds should be allowed in small areas.
5. Make sure the area is well ventilated.
6. Follow safe distancing measures.

4.7 Dealing with family members

1. Respect and human compassion for those who have lost a loved one should prevail at all times.
2. No acts of discrimination or stigmatization against the deceased person or his/her family members, friends or contacts should be tolerated.

4.8 General procedure for final burial or cremation of dead bodies

The following is a description of the flow and procedures to follow, depending on the place of death, as described in Annex 1.

Table of routine funeral procedures



Hospital	Home or other location
Death certificate - Treating physician Note: The family must inform the treating physician of their desire to cremate the body so it is indicated on the certificate.	Wait for forensic team and coroner so they can rule out any unlawful conduct, and a physician can confirm the death. Death certificate - Treating physician or medical examiner Note: Depending on applicable state laws and regulations.
Registration of death (Death certificate) - Civil Registry Office	
Funeral services - Funeral home contracted - Municipal Authority	
Funeral services - Funeral home contracted	

* For deaths occurring during phase 3 of the emergency, dead bodies should be buried or cremated, depending on the decision made by the family, without a funeral wake.

Cremation of bodies of persons dying of suspected or confirmed SARS-CoV2 who have not been identified, or who have been identified but remain unclaimed, is prohibited.

4.9 Records required for deceased workers

The company's top management must appoint staff authorized to keep records and control files for workers who have died of COVID-19. These records should include the data specified in Annex 2.

5. COMPANY RESPONSE TO A RESPIRATORY DISEASE OUTBREAK

In case a respiratory disease outbreak occurs inside the company, with suspected cases of COVID-19, that is, with several workers or family members of migrant workers living in the producer's living quarters falling ill during the same period, the following actions are required:

1. **Notify the health jurisdiction and/or the health clinic assigned to the company.**
2. Health authorities will visit the company and conduct an **epidemiologic study**.
3. Health authorities will assess the need to **analyze samples from persons who have become ill**.
4. Patients with a respiratory disease will be referred for **medical care**.
5. **Contact tracing** must be performed.
6. **Workers with respiratory diseases should be isolated.**
7. An epidemiologist should conduct an **analysis of the outbreak** and notify the corresponding health authorities.
8. **The company must disinfect its worksites and living quarters.**
9. The company should reinforce **preventive measures and training** among its workers.

6. ENVIRONMENTAL CLEANING AND DISINFECTION OF WORKERS' OR FAMILY MEMBERS' HOUSING AREAS IN CASE OF COVID-19 DEATHS

- Human coronaviruses can remain infectious on inanimate surfaces for **up to 9 days**. Surface disinfection with 0.1% sodium hypochlorite or 62-71% ethanol significantly reduces coronavirus infectivity on surfaces within 1-minute exposure time. A similar effect against SARS-CoV2 is expected.
- For organic matter or bodily fluid spills, clean the spill using a **1 to 2% (10,000 to 20,000 ppm) chlorine solution, with a 10-minute contact time**. Remove and disinfect.
- For disinfection of materials that have been in direct contact with the patient's bare skin, we recommend first removing any organic matter and then cleaning with a **0.5 % (5,000 ppm) chlorine solution. Allow a 10-minute contact time**.
- Chlorine should be diluted to 0.1% (**1000 ppm**) **daily and be kept out of sunlight**. Clean all surfaces by:
 - Wearing appropriate PPE (*see Table 1 and Table 2*).
 - Removing any spill/bodily fluids with absorbent (paper) towels and then dispose of them immediately as infectious waste.
 - Cleaning surfaces with water and detergent.
 - Applying 0.1% chlorine or other disinfectant standardized by the health facility. If sodium hypochlorite solution is used, wet the surface with the solution and allow at least a 10-minute contact time (*see Table 4 and Table 5*).
 - Rinsing the area with clean water to remove the disinfectant residue (if required).

TABLE 1. Personal protection equipment

Use of personal protection equipment according to the procedure related to the mortuary management of COVID-19.







Procedure	 Hand hygiene	 Non-sterile gloves	 Surgical mask	 Respirator (N95 or similar)	 Long-sleeved impermeable gown	 Facial protection*
Managing the body	Yes	Yes	Yes		Yes	Yes
Removal of body	Yes	Yes	Yes		Yes	Yes
Mortuary care	Yes	Yes	Yes		Yes	Yes
Necropsy	Yes	Yes		Yes	Yes	Yes
(*) – Face shield preferred						

TABLE 2. Summary of personal protection equipment required

Technical specifications for personal protection equipment for procedures related to the mortuary management of COVID-19.




Equipment	Details
 Hand hygiene	<ul style="list-style-type: none"> • alcohol based rub • running water • liquid plain soap for hand hygiene • disposable towel for hand drying (paper or tissue)
 Personal protection equipment	<ul style="list-style-type: none"> • gloves • waterproof plastic apron • long sleeve gowns • anti-fog goggles • face shield • N95 respirator (or similar) or surgical mask
 Waste management and environmental cleaning	<ul style="list-style-type: none"> • disposal bag for bio-hazardous waste • soap and water or detergent • disinfectant for surfaces – hypochlorite solution 0.1% (1000 ppm)

TABLE 3. Prepare a sodium hypochlorite solution

Sodium hypochlorite solution concentrations and use according to the situation		
Situation	Observations	Sodium concentration
Spills	In case of organic matter or bodily fluid spills, allow the chlorine solution to act for 10 minutes. Remove and disinfect.	1%- 2% (10,000 - 20,000 ppm)
Disinfection of materials and final cleaning.	Materials used to care for patients that have been in contact with their bare skin. Remove organic matter first.	0.5% (5,000 ppm)
Disinfection of critical areas. Routine cleaning.	Remove organic matter first.	0.1% (1,000 ppm)
Disinfection of non-critical areas.	Remove organic matter first.	-0.5% (100 - 500 ppm)

TABLE 4. Prepare a sodium hypochlorite solution

The following is the formula to prepare a sodium hypochlorite solution:	
Parts of water = (% of original concentration/% of solution to prepare) - 1	
WHERE	parts of water is the number of parts of water to add for each part of chlorine.
	% of original concentration is the sodium hypochlorite concentration of the original product to use in the dilution.
	% of the concentration to prepare is the concentration of sodium hypochlorite desired to disinfect.

TABLE 5. Prepare a sodium hypochlorite solution

Original concentration	Concentration desired	Amount of sodium hypochlorite	Amount of water
6%	0.1% (1000 ppm)	17 milliliters	980 milliliters
		84 milliliters	4.9 liters
	0.5% (5000 ppm)	95 milliliters	900 milliliters
		417 milliliters	4.6 liters
5%	0.1% (1000 ppm)	20 milliliters	980 milliliters
		100 milliliters	4.9 liters
	0.5% (5000 ppm)	100 milliliters	900 milliliters
		500 milliliters	4.5 liters

To make the process of dilution easier, you can use **6% chlorine** to prepare:

- A dilution with 50 ml of chlorine in 5 liters of water, for a 0.05% (594 ppm) concentration;
- A dilution with 100 ml of chlorine in 5 liters of water, for a 0.1% (1176 ppm) concentration; and
- A dilution with 500 ml of chlorine in 5 liters of water, for a 0.5% (5454 ppm) concentration;

TRIPLE BUCKET METHOD

For cleaning and disinfection, the surface **must be swept with a dust mop or damp mop** to drag dust and residues to the entrance, so they can be removed and disposed of in a proper container. This will prevent particle suspension from occurring.

For this method, we recommend using three pieces of cloth or rag and three different buckets as follows:

1. **Clean the area with plain water and detergent:** Use a cloth or rag and a plain water and detergent solution previously prepared in the first bucket to remove dirt.
2. **Remove detergent and dry:** Use another cloth or rag and plain water from a second bucket. Remove detergent residue and dry the surface.
3. **Disinfection:** Once you have removed the dirt and detergent residue, use a rag or clean cloth and a chlorine solution from the third bucket, and disinfect.

DO NOT MIX:

- **Sodium hypochlorite with acid ingredients (vinegar, lime or cleaning products containing hydrochloric acid)**, as this mix can produce chlorine gas and coughing, difficulty breathing, burns or eye irritation.
- **Sodium hypochlorite with ammonia**, as this mix produces a toxic gas that causes difficulty breathing and may cause chest pain.
- **Sodium hypochlorite with alcohol or alcohol sanitizer gel**, as this mix can produce chloroform, a highly toxic chemical that can stop the functioning of the diaphragm and lead to cardiorespiratory arrest.

- **Sodium hypochlorite with hydrogen peroxide (*oxygenated water*)**, as this mix produces peroxyacetic acid and can be corrosive and dangerous.
- **Sodium hypochlorite with sodium hydroxide (caustic soda)**, as this mix creates a chemical reaction that produces toxic vapors.

Note. Follow the manufacturer's instructions.

To know how to put on and remove personal protection equipment, see Annex 3.



7. REFERENCE DOCUMENTS

1. ***Guía de Manejo de Cadáveres por COVID-19 (SARS-CoV-2) en México*** ("Guide for Management of COVID-19 (SARS-CoV2) Dead Bodies in Mexico").
https://coronavirus.gob.mx/wp-content/uploads/2020/04/Guia_Manejo_Cadaveres_COVID-19.pdf
2. ***Lineamientos de manejo general y masivo de cadáveres por COVID-19 (SARS-CoV-2) en México.***
("Guidelines for general and massive management of corpses by COVID-19 (SARS-CoV2) in Mexico")
https://coronavirus.gob.mx/wp-content/uploads/2020/04/Guia_Manejo_Cadaveres_COVID-19.pdf
3. ***ACUERDO por el que se prohíbe la incineración de cuerpos no identificados e identificados no reclamados fallecidos a consecuencia de la enfermedad por el virus SARS-CoV2 (COVID-19) y se sugieren medidas para el registro de las defunciones en el marco de la emergencia sanitaria***
("AGREEMENT to prohibit the incineration of unclaimed unidentified and identified dead bodies of persons dying of the SARS-CoV2 virus (COVID-19) and measures suggested to register deaths during the health emergency").
<https://www.dof.gob.mx/website/index.php?year=2020&month=04&day=17>
4. **Dead body management in the context of the novel coronavirus (COVID-19)**
<https://www.paho.org/en/documents/dead-body-management-context-novel-coronavirus-covid-19>

8. ANNEXES

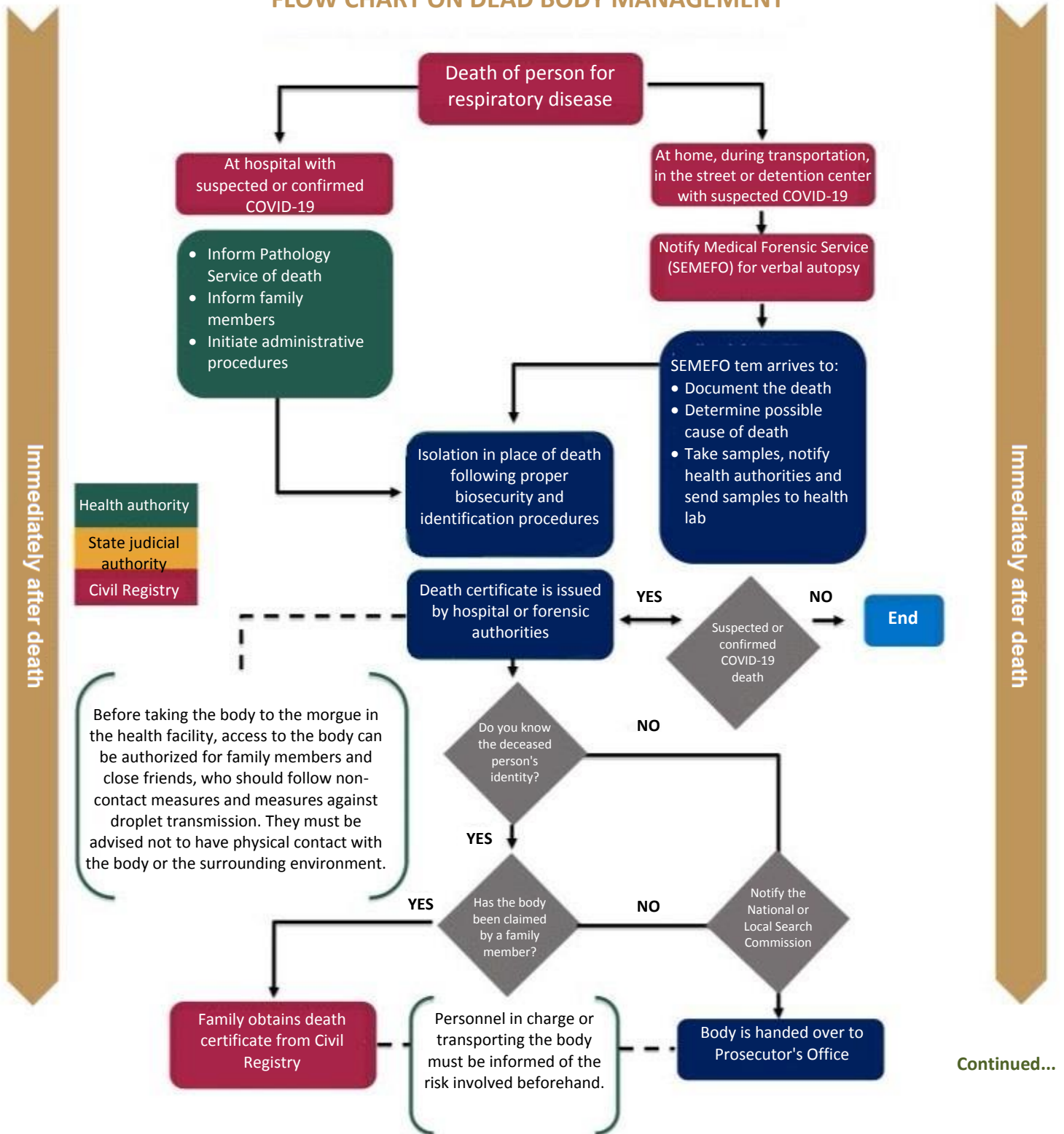
Annex 1 Flow chart on dead body management

Annex 2 Data on workers dying of COVID-19

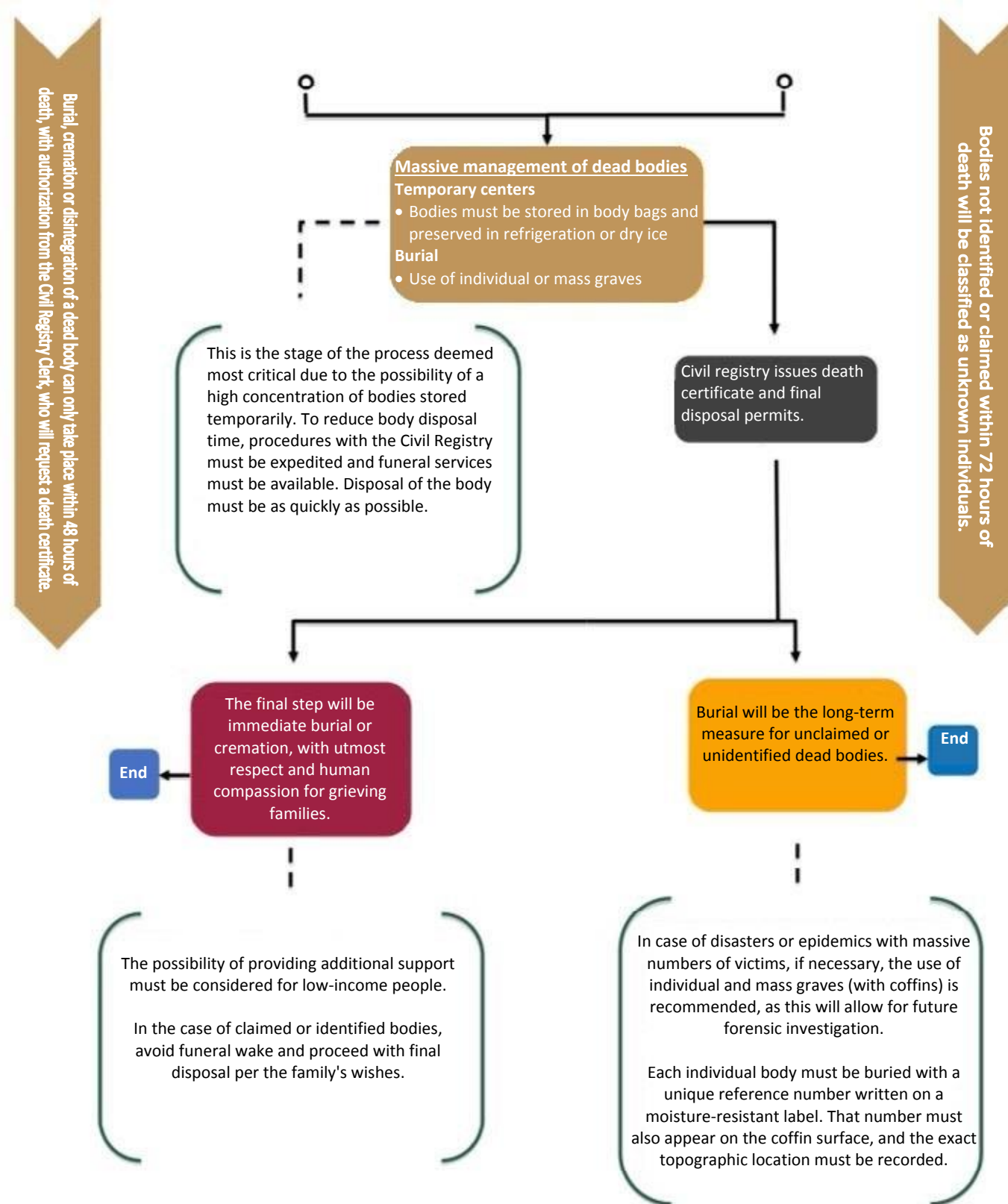
Annex 3 Infographic - "How to put on and remove personal protection equipment"

ANNEX 1. FLOW CHART ON DEAD BODY MANAGEMENT

FLOW CHART ON DEAD BODY MANAGEMENT



ANNEX 1. FLOW CHART ON DEAD BODY MANAGEMENT



ANNEX 2. DATA ON WORKERS DYING OF COVID-19

- Assign a **unique code to each file** (the code should include text and a sequential number).
- **Full name.**
- **Age and Sex.**
- Worker's identification **number**.
- **Full address** (for migrant workers, you should also include the company's living quarters reference number).
- **Date of death.**
- **Place of death** (health clinic, hospital or location. Indicate name and address).
- **Full name of the person, family member or beneficiary** contacted and receiving advice on the corresponding procedures.
- **Cremation or funeral wake site.**
- **For dead bodies identified but not claimed by family members, write down the data provided by authorities on the individual grave, in accordance with the "AGREEMENT to prohibit the incineration of unclaimed unidentified and identified dead bodies of persons dying of the SARS-CoV2 virus (COVID-19) and suggested measures to register deaths during the health emergency".**
- **Include in the corresponding records** a copy of the unique population registry code (CURP), voter's or regular ID, birth certificate, and any other documents required for the worker's file.



ANNEX 3. INFOGRAPHIC - "HOW TO PUT ON AND TAKE OFF PERSONAL PROTECTION EQUIPMENT"

COVID-19

Coronavirus Disease 2019

HOW TO PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

STEP 1

- Identify hazards & manage risk. Gather the necessary PPE
- Plan where to put on & take off PPE
- Ask a friend to help or put on in front of a mirror
- Discard all PPE in an appropriate waste bin

STEP 2

Put on a gown

STEP 3

Put on surgical mask or respirator*

STEP 4

Put on eye (goggles) or facial protection (face shield)†

STEP 5

Put on gloves (over cuff)

*Surgical mask or respirator (N95 or similar), depending on the level of care. For aerosol generating procedures (AGP), wear a respirator (N95 or similar)
 †e.g. visor, face shield, goggles (consider anti-fog drops or fog-resistant goggles)

HOW TO TAKE OFF PPE

- Avoid contamination of self, others and environment
- Remove the most heavily contaminated items first

STEP 1

Remove gloves then remove gowns

STEP 2

Perform hand hygiene

STEP 3

Remove eye protection from behind

STEP 4

Remove surgical mask or respirator from behind

STEP 5

Perform hand hygiene

Level of care	Hand hygiene	Gown	Surgical mask	Respirator (N95 or similar)	Goggles (eye protection) OR face shield (facial protection)	Gloves
Triage						
Collection of specimens for laboratory diagnosis						
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and NO aerosol-generating procedure						
Suspected or confirmed case of COVID-19 requiring healthcare facility admission and WITH aerosol-generating procedure‡						

‡AGPs include positive pressure ventilation (BIPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, and bronchoscopy.

BE AWARE. PREPARE. ACT.
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