

Seacoast Chief Fire Officers Mutual Aid District
COVID-19
Best Practices

The Health and Safety of every Firefighter and the Continuity of Operations is a great concern for all members of the Seacoast Chief Fire Officer's Mutual Aid District. As individual departments, we are all concerned. As a group that relies on mutual aid response, the entire organization is deeply concerned.

On Tuesday, March 17, 2020, a meeting consisting of members from Massachusetts, New Hampshire and Maine assembled to begin collaboration on Best Practices for the member departments. Any document drafted stands the risk of becoming outdated quickly, as the situation regarding COVID-19 is rapidly evolving and guidance changes frequently. The following offering is based on conditions and guidance available at the time and will need to be updated as information becomes available.

COVID-19, the Coronavirus, has proven to be an extremely contagious pathogen. People may be infected with COVID-19 and they may not be exhibiting symptoms. They may, however, be contagious. Prescribed social distancing is the primary means to prevent transmission from person to person. Maintain at least six (6) feet between all individuals to reduce the risk of contracting the virus. The suggested social distancing remains a valid mitigation strategy, both on-duty and off-duty.

Baseline screenings for ALL employees is recommended to establish the health and safety of the workforce. Body temperature screenings at the beginning of each shift and again at 1800 hours for each member on a 24-hour shift, or upon entry for short shift and Callback coverage. More frequent body temperature monitoring for members, on and off duty, are recommended to identify potential problems before they manifest. Any member exhibiting a fever, or body temperature greater than 100.4°F, should be excluded from work and not allowed into the living quarters. Notifications to supervisors, as deemed appropriate by department, should take place with respect to proper accountability and distancing. No member should be allowed to work if they exhibit any signs of illness.

Departments should utilize the *COVID-19 Unprotected Exposure Guidelines* bulletin and the associated algorithms, to determine whether a member should be return to work, be self-monitoring or quarantined.

The virus is believed to be spread primarily through contaminated droplets. The most effective preventative measure for any provider is to treat all patients with appropriate Airborne/Droplet protocols and through the use of proper Personal Protective Equipment for this mode of transmission. Providers should don: Gloves, N95 Masks, disposable gowns and goggles/eye protection. A surgical mask should be placed on the patient to prevent droplet spread through coughing. Any airway maintenance procedures or nebulized medication administration should be considered the highest risk for transmission. Diligent *Infection Control* procedures must be employed during these interventions. Proper doffing of PPE should be performed with the highest degree of diligence and disinfection should be completed immediately.

Proper hand washing is an essential component of individual health and safety and will aid in reducing the risk of contamination as well as transmitting the virus. Follow the Center of Disease Control and Prevention guidance on proper hand washing methods.

Coronavirus is also possibly spread via fomite transmission. Viral infection may result from contact with surfaces that have been exposed to and retain virus on their surfaces. Numerous possibilities exist for the combination of factors determining the viability of the virus on various surfaces. Always err on the side of caution and assume the virus remains on a surface until properly sanitized.

Apparatus and Station hygiene are a major concern. The virus, though fragile, can remain active on surfaces for a significant amount of time. This ranges from 2 hours to 9 days depending on a multitude of conditions including the surface material, heat and humidity of the environment. Soap and water will kill the virus. Commercial disinfectants and common solutions of bleach and water (1:10 ratio) are also effective. Frequent and ongoing cleaning and disinfection should be occurring at all fire departments. Kitchen

and bathroom cleanliness is paramount. We recommended crews utilize installed dishwasher appliances, where available, over handwashing dishes, to ensure proper sanitization. All fixtures and surfaces routinely touched on entry and exiting, including light switches, door handles and countertops should be thoroughly cleaned and sanitized.

All departments should be vigilant in their sanitization procedures for ambulances, apparatus and station surfaces. The following link offers suggestions for the proper methods of cleaning and disinfection: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

The safety of all is our great concern. Every link/meeting/interaction any person has with another person becomes a possible source of contamination. Even if you are maintaining proper distancing and working at minimizing personal interactions, others may not have the same degree of diligence. Whether an exposure at work or in the daily life of any of our members, some people will contract the virus, and may have already. They may remain asymptomatic for a long period of time or only exhibit low-grade symptoms.

Many departments have decided that the best risk reduction policy is to restrict ALL access to their stations. This includes members of the public, police, retirees, family members and members of mutual aid companies. The decision to limit access is based on the best practice to minimize outside interactions. Historically, mutual aid companies have been afforded equal access to the creature comforts at many stations, but in this unprecedented time, it is advisable to restrict access.

The level of restriction will be up to the individual department's policy. Please respect the decisions and understand it is not personal, it is an effort to maintain healthy crews for the continued response. A majority of the departments have instituted a limited access policy for mutual aid companies. Some departments have restricted all access and ask covering companies to remain in the apparatus, on the apron. Most allow access to apparatus bays and restroom facilities for mutual aid crews. It is advisable, and understood that ALL living quarters should be restricted access and entry be limited to

ONLY personnel that work at that particular department. Mutual Aid companies should not enter, or expect, living quarters to be available for them while covering. As departments decide how they will handle access during a mutual aid response, we ask that the information be distributed so that responding communities can respect the community's policy.

A major concern for every department is the possibility of work force depletion due to illness or quarantine following an unprotected exposure. We need firefighters to remain healthy and working. As this situation progresses, we will see some departments suffer staffing reductions. We are working to develop a Status Board on the SCFOA website that will allow people to determine the level of staffing/capabilities of departments at a glance. We will update when this becomes available. Once established, please update the information daily.

Personal Protective Equipment supplies are difficult to obtain since this is a global response. If any members have resources that can be shared, or insight into vendors that have a supply of needed materials, please share the information. We have shared the potential source for re-useable N95 masks. See www.envomask.com for details and be sure to communicate that you are an SCFOA member for government pricing. The manufacturer has conducted some further testing and found that a 1:10 bleach solution maybe used to disinfect the hard plastic without degrading the device. Gowns appear to be in short supply in most areas. Please notify if anyone has a resource for these needed garments.

The New Hampshire Department of Safety issued guidance on the Continuity of Operations (COOP) which can be used as a framework to establish a COOP document that may be able to be used by governmental agencies to communicate the succession planning for each department. The design of your document should allow non-fire related entities to understand the Chain of Command in the department and outline the designees that may perform roles in the absence of members that may be out due to illness or quarantine.