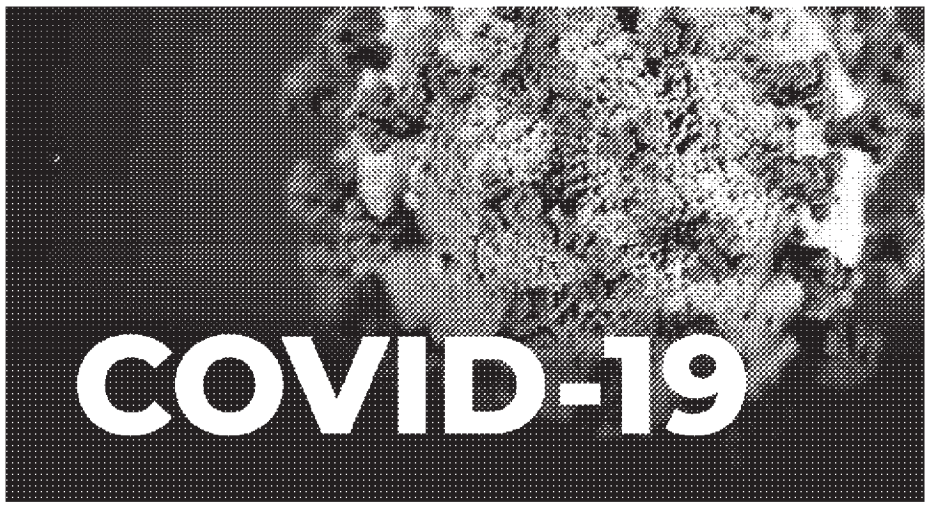

Recommended Best Practices For Agencies During COVID-19 Pandemic

This document was created with multiple industry source input in Suffolk County as a helpful guide for recommendations for Agencies looking for guidance on how to handle different aspects of their administration and operations during this pandemic. This document is NOT a mandate for any agency to follow, nor is it meant for agencies to replace what they feel are the best practices for themselves.

This document was created based on two main premises:

1) There are three kinds of Fire/Rescue agencies in Suffolk County to be targeted:
    a) Ambulance Corps
    b) Fire Department Based EMS Systems
    c) Fire Departments with no EMS that respond to assist the Ambulance Corps in their districts.
2) Data from an early survey that was sent out identified that there are agencies looking for guidance, and almost 30% of agencies reported not having a designated Infection Control Officer.

For the purpose of this document at its time of release, it should now be assumed that all people agencies come in contact with are potentially infectious.

It should also now be assumed that all emergency responders who have been actively responding have been exposed to the COVID-19 virus.

For further information, agencies can contact the Suffolk County Department of Fire, Rescue and Emergency Services or the Suffolk County Department of Health Services, Division of Emergency Medical Services.

Due to the current dynamic situation with the COVID-19 virus, Suffolk County Fire Rescue and Emergency Services(FRES) has compiled the following recommended practices. While every effort is being made to be proactive, the fluid nature of this situation is going to require changes to these practices as conditions warrant. FRES will continue to update and distribute these practices via email.

FRES has adopted "ZOOM" as the official platform for online meetings and webinars. This will be used for communications between FRES and agencies including all levels of providers. It is strongly recommended that at least one point of contact per agency registers with a "Zoom" account to be able to partake in the remote communication.

Alarm Response

- According to the CDC, people aged 65 and over account for 80% of the deaths from COVID-19. Agencies should strongly consider not having members in this age group respond.
- Fire Police should not respond to any alarms unless requested by the IC.
- During this unprecedented time, agencies should consider temporarily relaxing or removing department and LOSAP requirements. Members should follow the Best Practices being put in place without worrying about consequences to their quota or LOSAP credit.
- Agencies should provide surgical masks for responding fire personnel to don when SCBA is not being worn.
- Every attempt should be made to limit the number of responding apparatus and personnel that may be exposed to persons or premises on alarms.
- In an effort to minimize the exposure to responding personnel, the following should be followed:
    - Ambulance crews should be kept to a maximum of two personnel and request additional personnel if needed.
    - Fire Apparatus crews should be kept to a maximum of four personnel per apparatus.
    - Agencies should arrange for a Duty Officer to be on call 24/7. The Duty Officer will provide for prompt accurate situational awareness and ensure members are operating in accordance with all Safety Policies and Procedures.
- Except for a situation with the transport of a minor, no additional persons should be permitted to ride in the ambulance to accompany a patient.
- For Agencies with their own dispatcher, attempt should be made to recontact location prior to unit arrival to ascertain if anyone present is sick or under quarantine.
- A **General Alarm Response Guideline** has been developed and is attached to this document.
- A **Medical Alarm Response Guideline** has been developed and is attached to this document.

General Membership, Facilities and Property

- All regular non-essential trainings and meetings should be canceled or suspended
    - Use of training videos and/or virtual meetings should be utilized to the greatest extent possible inorder to facilitate the continued operation of the Department at all levels.
- All interior doors should be left in the open position so members do not have to touch handles.
- Consideration should be given to postpone any election requiring members to congregate. Agencies are urged to contact their legal counsel for guidance.
- Hand-Scanners should not be used.
- Members should maintain appropriate social distance at all times and follow CDC guidelines with respect to frequent handwashing and other general health recommendations.
- Members are asked to self monitor for flu-like symptoms as per CDC guidelines at least twice a day. If symptomatic, you should notify your agency's designee, and self quarantine as per CDC guidelines.
- No Guests, including family, should be permitted in any facilities at any time. In addition all social functions and building usage by outside groups should be canceled or suspended.
- Facilities should be disinfected at a minimum of once daily using EPA approved COVID-19 virucidal cleaners.
- A change of clothing should be kept at the facilities or in personal cars to facilitate contaminated clothing being removed prior to returning home.
- Furniture should be rearranged to promote the social distancing of a minimum of 6 foot radius between personnel.
- Thought should be given to closing certain non-essential areas of the firehouses to curtail the amount of cleaning/disinfecting needing to be done.
- For more information on the cleaning and disinfecting of the buildings please follow the link below:

NYS DOH Guidelines for Cleaning of Buildings

Infection Control Practices

- It should be assumed all responders have been exposed to COVID-19, therefore strong consideration should be given to completing a "group exposure" report for all responding personnel.
- If possible, near any entrances to facilities, handwashing stations or hand sanitizer should be present. All personnel should be required to wash hands or apply hand sanitizer upon entering the facility.
- All "high touch" areas, including but not limited to, door handles, computer keyboards, phones, steering wheels, (see Decon of Equipment below) should be disinfected as often as possible.
- For more information on Provider Exposure, please see NYS DOH BEMS Policy 20-04:

NYS DOH BEMS Policy 20-04

- For agencies with no Infection Control Officer or Infection Control Plan looking for more guidance please see the link below for the "EMS Infectious Disease Playbook" by EMS.GOV:

EMS.GOV Infection Disease Playbook

Personal Protective Equipment (PPE)

- Agencies should conduct a daily inventory of N95, Surgical masks, gowns, eye protection and gloves.
- Agencies should also take daily stock of cleaning materials and disinfectant/bleach solutions to ensure their availability for both cleaning and decontaminating.

Training Recommendations:

- Agencies should put special focus on the training/retraining of personnel on the proper cleaning/decontamination of SCBA facepieces and regulators.
- For agencies with EMS only personnel, the concept of training these personnel on the emergency use of SCBA on an EMS alarm should be strongly considered.

Decontamination

The following products should be used for surface and equipment disinfecting:

1. Virucidal Wipes (purple top)
2. Lysol Spray
3. Bleach Solution:

   Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:

   - 5 tablespoons (1/3rd cup) bleach per gallon of water or
   - 1 tablespoon of bleach per quart of water

4. Any EPA approved disinfectant:

NYS DEC Approved Disinfectants

The following are some of the items that should be disinfected daily and after any exposure

Apparatus and Equipment

- Apparatus door handles, pulls, and grab handles
- Apparatus steering wheel, shift buttons, and rocker switches
- Mobile radio head and mic
- MDT
- Portable radios with focus on speaker mic
- Remote bay door openers.
- SCBA regulators & SCBA masks (Daily AND after use)
- TICs
- Meters
- Irons
- Can
- Hooks

Station

- Communications and Computer Equipment (Phones, Fax & Copier Machines ,Keyboards and mice)
- TV Remote controls
- Lock keypads, Apparatus bay door control buttons
- All bathroom surfaces
- Coffee pots and coffee maker buttons
- Kitchen cabinet handles
- Chair backs and armrests
- Table and desktops
- Light switches
- Paper towel dispenser handles
- Faucet handles
- Door handles, grab handles, door push plates (building interior and exterior)
- Mattress covers
- SCBA Fill Station
- Outside of Ice Machines

General Alarm Response Guideline

For all call types, it cannot be assumed that members of the public will volunteer information to first responders. Before entering buildings or interacting closely with people, responding personnel should be asking "Is anyone here sick?" or "Is anyone here quarantined". This can allow for adjustment in tactics and PPE.

While responding to alarms, windows of apparatus should be left open to allow for air flow and ventilation. If possible, fire crew members should not sit facing each other in opposite seats in the fire apparatus. Once apparatus is returned to quarters, doors should be left open to allow for ventilation of the passenger compartment.

- Automatic Fire Alarms:
  - Upon arrival the first arriving unit will investigate reported alarms. Additional units will remain staged at water supply. In all instances, the fewest possible members will be exposed to the public and enter buildings during investigatory modes. Entering buildings or interacting with the general public to verify known false alarms shall be avoided when possible.

- Motor Vehicle Accidents:
  - Upon arrival the first arriving unit will determine if medical care is immediately required and render care with appropriate PPE if necessary. If no medical care is required, appropriate distance (6') will be maintained from all persons and scene protection will be provided.

  - Vehicle Extrications – Patient contact should be limited to the minimum required to remove entrapped parties. Appropriate PPE and BSI precautions should always be maintained.

- Odors and Other Calls:
  - In all instances the OIC will minimize public exposure of our personnel. PPE and respiratory protection will be enforced as necessary. Non-committed units should be restricted from public interaction.

- Fires
  - Structure, vehicle and other fires should be mitigated using standard operating procedures.

- Carbon Monoxide Incidents:
  - Standard procedures utilizing as few personal as possible will be continued for automatic carbon monoxide alarms. COVID-19, Influenza, and Carbon Monoxide poisoning share similar signs and symptoms. As such, victims complaining of physical symptoms during a carbon monoxide incident shall be treated as a potentially infected person.

PPE Determination

A. Normal fire related calls with no expectation of patient interaction will continue with standard levels of firefighting or rescue PPE.

B. When physical contact or proximity (<6ft) is required to provide patient care or assessment to persons exhibiting no signs or symptoms of COVID-19 and not under any type of quarantine the following PPE ensemble shall be used at a minimum:
   a. Nitrile Exam Gloves
   b. Eye Protections
   c. Surgical Mask

C. When physical contact or close proximity (<6ft) is required to provide patient care or assessment to

persons who meet any of the following:

a. A person with a known positive COVID-19 test
b. A person displaying any of the following signs or symptoms
    i. Cough
    ii. Sore Throat
    iii. Fever
    iv. Difficulty Breathing
    v. Other Flu-like symptoms
c. A person suspected of possible COVID infection by another healthcare provider.
d. A person under self-imposed or mandated quarantine

Take the following steps:

1. Apply one of the following to the patient
    a. Non-Rebreather O2 mask at 15 lpm O2
    b. Surgical Mask
2. Don the following PPE ensemble prior to patient contact
    a. Nitrile Exam Gloves
    b. Eye Protection
    c. Respiratory Protection
        i. Option 1: N95 masks should be used by members at a minimum or for longer duration interactions
        ii. Option 2: SCBA may be used for short duration interactions (<30min)
        iii. Option 3: SCBA facemask with N100 filter if available
3. Post-call, disposable PPE items should be placed in a biohazard bag and disposed of at the hospital. SCBA and non-disposable items should be disinfected using standard procedures. Contaminated turnout gear should be bagged at the scene for decontamination.
4. Due to supply shortage, N95 masks are to be reused by the provider and only discarded if they become damaged or grossly contaminated.
    a. Consider wearing a surgical mask over the N95

Procedures for interaction with known or suspected COVID-19 infected person.

Persons are considered known or suspected when any of the following items exist:

i. A person with a known positive COVID-19 test
ii. A person displaying combinations of any of the following signs or symptoms:
    a. Cough
    b. Sore Throat
    c. Fever
    d. Difficulty Breathing
iii. A person suspected of possible COVID infection by another healthcare provider
iv. A person under self-imposed or mandated quarantine displaying symptoms

In the event personnel are required to interact with known or suspected COVID 19 infected persons the following steps should be taken:

i. The minimum amount of personnel required to complete an objective will be placed in a patient contact situation

ii. Members shall don appropriate levels of PPE
iii. Providers shall place an O2 NRB on the patient. A surgical mask may be used on the patient if the patient has no difficulty breathing.
iv. Providers shall provide appropriate medical assessment and care as warranted by the incident.
v. Patients may be wrapped in a yellow disposable blanket, when possible, to try to minimize exposure.
vi. Following transfer of care, members shall doff PPE in the same manner as a hazardous materials call.
vii. The following notification are to be completed:
    a. Follow your agency's procedures for proper chain of command notifications.

Based on current CDC guidelines, normal patient contact, using universal precautions with a person under quarantine who is not displaying any signs or symptoms is not considered an exposure.

If you encounter persons or places under quarantine under routine conditions or during fire response:
1. Enter occupancies only when necessary and with only the minimum number of required persons.
2. Maintain 6' distances from all persons unless rendering immediate aid
3. Follow these guidelines for PPE levels.

Fitness for Duty

- Please see the following link to SCEMS information on COVID-19 Provider Exposures:

COVID-19 Provider Exposures

Medical & Pandemic/FC/FCQ (Fever Cough/Fever Cough and Quarantine) Response Guideline

Due to the current situations with the COVID-19 virus we recommend the following. Note this policy is fluid and may change with the most recent CDC, State and County recommendations.

The following protocol has been approved and is in effect as of March 25, 2020:
EMS Viral Pandemic Triage Protocol

For the latest guidelines from the CDC for EMS providers, please see the following link:
CDC Guidance for EMS Providers

General Considerations:

- The ambulance staffing should be a Driver and Technician, additional help will be requested if conditions warrant.
- While enroute to the call the crew should ask dispatch to contact the patient and see if they are capable of walking and meeting responders at the door.

For Non FC/FCQ Response

Upon arrival on scene-crew should don PPE:

- Gloves
- Surgical Mask
- Eye Protection/Face Mask
- An additional surgical mask should be carried in for possible placement on the patient.

FOR FC/FCQ Response

Upon arrival on scene-crew should don PPE:

- Gown or Suit
- Gloves
- N95 (with Surgical Mask over it)
    - Current guidelines allow for the re-use of N95 by the same provider unless the mask is grossly contaminated or damaged. The N95 should be covered with a clean surgical mask and stored in a paper bag.
- Eye Protection/Face Mask
- An additional surgical mask should be carried in for possible placement on the patient.
- When possible, only one provider should enter the premises to assess the situation. Attempt should be made to remove the patient by having them walk, if possible, out to the stretcher or ambulance.

General Considerations (cont.):

- The driver of the ambulance is to remain with the ambulance and monitor the radio.
- If another unit (1st Responder/Chief) is on scene prior to ambulance arrival, the ambulance crew is to make radio contact with that unit prior to accessing the residence.
- If a patient cannot meet at the door – then ONLY the certified provider should enter the residence and make patient assessment. If the driver is needed for lift assist or patient moving, the EMT can request

the additional assistance via radio transmission. – FOR SAFETY: NO EMT SHOULD ENTER A RESIDENCE ALONE WITHOUT A PORTABLE RADIO

- If patient can meet at the door- see if patient can walk to Ambulance; Driver to remain in the ambulance
    - Crew should not enter the threshold of the home. PPE should still be used by the driver.

Every patient contact is to be asked the following questions:

1) Are you or anyone in your house currently under quarantine or observation for COVID-19?
2) Do you or anyone in your house have a fever?
3) Do you or anyone in your house have a cough?
4) Do you or anyone in your house have a new onset of shortness of breath?
5) Do you or anyone in your house currently have pneumonia?

If the answer to any of these questions is YES you should suspect a possible COVID-19 case and proceed with the following steps.

1. Hand the patient the surgical mask and have them place it on. If the patient is in need of oxygen therapy a NRB is to be placed on the patient instead of the surgical mask.
2. If the patient is stable the provider should make minimal contact.
3. If the patient is able, they should walk to the ambulance.
4. If the patient is unable to walk the LEAST amount of people needed to move the patient should enter the premises. The crew entering for assistance is to be in full PPE (Face Shield or goggles, Gown or suit, N95/PAPR/SCBA, and Gloves).
5. The provider that has made initial patient contact is to remain with the patient until delivery at the hospital. No provider should "hand off" the patient to another provider. If a BLS provider made initial contact and feels that the patient is in need of ALS interventions a ALS provider may take over patient care.
6. No family, friends or otherwise related persons may be transported with the patient. For patients who are minors, a single legal guardian is allowed to accompany the patient to the hospital. The legal guardian is to be placed in the patient compartment and must also wear a surgical mask.
7. If the driver has made patient contact the driver is to change his/her gloves prior to reentering the driver compartment.
8. During transport the ambulance vent should be on high and open to outside air, NOT Recirculate.
9. The vent fan in the patient compartment should be on.
10. Advise the receiving hospital as soon as possible that you are coming. Please advise of all patient findings and of pertinent COVID-19 suspicion.
11. Upon arrival at the ER the patient is to remain in the ambulance until hospital staff advises you to remove the patient.
12. Removal of the patient should be done by the EMT and hospital staff if possible.
13. PPE should be removed at the hospital and new PPE should be reapplied when entering back into the Ambulance.
14. PPE shall be worn during cleaning/decon of the ambulance
15. PPE that was worn by crew should be documented on the PCR.

Cardiac Arrest Response Guideline

Due to the current situations with the COVID-19 virus we recommend the following. Note this policy is fluid and may change with the most recent CDC, State, and County EMS recommendations.

EVERY CARDIAC ARREST CALL – Due to the aerosolization produced during chest compressions and ventilations during patient care the following is recommended. Surgical Masks are NOT a substitute for an N95 in this situation. If no N95 are available consider using Self Contained Breathing Apparatus (SCBA) if available.

- All crew and members within 8 feet of the patient MUST be in full PPE (Face Shield or goggles, Gown or suit, N95/SCBA, and Gloves)
- If another unit (1st Responder/Chief) is on scene prior to ambulance arrival, the ambulance crew is to make radio contact with the first arriving unit prior to accessing the residence.
- Any member not wearing protective PPE will remain 8 feet away from all patient care and if possible outside the occupancy.
- The fewest amount of members needed to provide appropriate care are to make contact.
- The fewest amount of members needed to move the patient are to make contact.
- No family, friends or otherwise related persons may be transported with the patient. For patients who are minors, a single legal guardian is allowed to accompany the patient to the hospital. The legal guardian is to be placed in the patient compartment and must also wear a surgical mask.
- Any member that made patient contact and that is not transporting is to remove and dispose of all PPE in a red bag for the ambulance crew to take to the ER.
- All members not transporting are to use hand sanitizer if available until able to wash hands with soap and water.
- During transport the ambulance vent should be on high and open to outside air, NOT Recirculate.
- The vent fan in the patient compartment should be on.
- Advise the receiving hospital as soon as possible that you are coming. Please advise of all patient findings and of pertinent COVID-19 suspicion.
- Upon arrival at the ER the patient is to remain in the ambulance until hospital staff advises you to remove the patient.
- Removal of the patient should be done by the EMT and hospital staff if possible.
- PPE should be removed at the hospital and new PPE should be reapplied when entering back into the Ambulance.
- PPE shall be worn during cleaning/decon of the ambulance
- PPE that was worn by crew should be documented on the PCR.