COVID-19
BEST PRACTICES GUIDE

May 14, 2020
### Asset and equipment sanitation:
- Assume that decontamination has not occurred: disinfect before you use, then clean after you use.
- Wipe down with disinfectant the equipment’s interior, outside handles, pump controls, etc. at beginning and half-way through shift.

### Complete Firefighter Health Screen Tool:
- Active monitoring: screen your employees for virus symptoms before departing incident; follow Center for Disease Control and Prevention (CDC) guidelines.
- Emphasize to staff to be honest with themselves and supervisors if symptoms of COVID-19 occur. It may take only one firefighter to infect entire module.
- Utilize criteria for Return to Work with confirmed or suspected COVID-19 case.
- Conduct individual/module AAR’s to better understand response protocols that are attainable.
- Document Lessons Learned and share as appropriate.

- **Module quarantines:**
  - *Fire modules should not report to the office but a designated location that allows for the module to interact and work without exposing them or other employees. Work should allow for the continued separation of modules if they continue to remain available nationally.*
  - *Increased employee support (be prepared to provide it virtually)*
    - EAP
    - Peer support
• Avoid touching your eyes, nose and mouth with unwashed hands.
• Utilize tactics that minimize face-to-face contact and intermixing of resources.
• Consider adjustment of operational periods to limit face-to-face module interactions.
• Consider application of aircraft and mechanized assets to limit amount of assigned personnel.
• Factor in the potential duration of the incident and develop logistical considerations for potential overnight lodging/camping scenarios.
• Implement daily decontamination procedures of apparatus and equipment on multi-day incidents.
• Avoid sharing PPE, flight helmets, radios or other equipment.

Post Incident/Containment: (Some bullet points may be repeats of “Pre- Incident” considerations)

Incident Commanders should emphasize and promote decontamination and individual care considerations:

• Sanitation before leaving the incident (i.e. truck radios, hand tools, chainsaws, steering wheels, compartment doors, etc.).

Travel- Back to home unit or next assignment:

• Plan to reduce number of stops; if stopping is necessary utilize PPE if available.
• Thoroughly clean and decontaminate all unit vehicles prior to use.
• Choose designated seating arrangements for the entire shift.
• Be self-sufficient for duration of travel to and from incidents (food, hydration, and lodging) to avoid general population exposure. Use protective measures (PPE) at fueling stops, rest areas, and other necessary business areas.

PERSONNEL SCREENING GUIDELINES

• Continue to encourage all employees to stay home if they are sick. Sick employees who report will be sent home.
• All doors in every building are an exit; however, there shall only be one identified entrance so managers can assess the health of every person in the building.
• Visitors should be discouraged. Units shall place signs on doors explaining that entrance is only through one door.
• At the beginning of every shift, crew members before coming to work or entering the district facilities, shall complete a self-check to determine if they are “sick” or “not sick.” Each person in charge of the crew or the individual must notify the district office staff once they or the crew has completed the self-check. If a crew member has one or more of the following symptoms that crew member will not come to work or will immediately leave the location, return to their vehicle, and notify the person in charge of their condition:
  • Fever with or without chills (38 C/100.4 degrees F)
  • Uncontrollable secretions or excretions that would likely result in the employee sneezing or blowing their nose when talking to a colleague
  • Sore throat
  • Productive or uncontrolled cough (unable to control cough when talking to a colleague) OR a cough lasting more than two weeks
  • Influenza or COVID-19-like illness (fever and cough, shortness of breath, or sore throat)
  • Diarrhea associated with an acute illness
  • Body aches and pains

Halfway through, and at end of shift, the person in charge will have each member self-revaluate.

• Fever with or without chills (38 C/100.4 degrees F)?
• Verified with thermometer (if possible)
• Sore throat?
• Diarrhea?
• Body aches and pains?

We are not documenting symptoms for individuals. This is simply a “sick” or “not sick” evaluation tool.

If any employee presents with any of the above symptoms, they will be sent home immediately and the supervisor will notify the next in the command.
## DAILY PERSONNEL SYMPTOM CHECKLIST

<table>
<thead>
<tr>
<th>SYMPTOM</th>
<th>YES</th>
<th>NO</th>
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<tbody>
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**COMMENTS:**

**ACTIONS TAKEN:**

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### Briefing/ Information Transfer

- Provide a current roster of the module to the Incident Commander using “Air Drop” or text transfer of the roster (photo of manifest).
- Request a radio briefing if possible – if not feasible, only one individual from the module should attend the briefing while wearing their mask. Use social distancing as much as possible. Remainder of the module should remain in vehicles and away from adjacent resources as much as possible.
- If maps, photos, or other media are available electronically, request “Air Drop” or text transfer of the media. Be familiar with QR codes and Air Drop procedures.
- If maps are paper, take photo of the map and share electronically with module.
- If at all possible, avoid sharing pens, laptops, tablets, etc., if unavoidable, ensure proper disinfecting of equipment.

### Engaging the Incident

- Do your due diligence in managing mitigations within the module (crew, engine, helicopter, etc.).
- Limit the spread, interactions and contact from module to module.
- Keep a log of interactions with other fire resources while on the incident.
- Forward and backward monitoring of all module-to-module, person-to-person, and community interactions.
- As individuals intermix on an assignment it is imperative to have the ability to backtrack interactions to inform others who may have potentially been in contact with an infected individual.
- Maintain situational awareness of the fire environment.
- Do not share tools or equipment without gloves on.
- Limit audience of debriefings to Crew/ Engine Bosses. Have them relay information to the crews.
- Clean or change PPE often, if possible.
- Monitor each other, watch for symptoms.
Pre-Incident Response

- Follow local unit COVID-19 protocols prior to departure/dispatch to initial attack incident as this is priority. Stay current with CDC and agency guidelines.
- Pre-identify state to state travel regulations if your initial attack response area spans state boundaries.
- Being self-sufficient with food and water for a minimum of 72 hours.
- Upon receipt of resource order, collect as much intelligence on incident and how local unit will be receiving incoming resources. (For example: receive incident and local unit frequencies and clone radios prior to arrival. Share module/Agency best management practices/standard operating practices/protocols with receiving unit/IC for their awareness).
- Right size the number of vehicles for response, determined by the unit supervisor.
- Driving and wearing PPE should not override safe driving procedures.
- Ensure adequate COVID-19 PPE is available throughout the initial attack incident.
- Ensure equipment is fueled up and ready to avoid unnecessary fuel stops in route to any initial attack incident.

Arrival On-Scene

- Notify IC/Staging Area Manager via radio when arriving.
- Park module vehicles together, if possible, away from other fire resource vehicles.
- Maintain social distancing from any personnel outside the fire module.
- Do not touch/enter/operate other unit’s vehicles unless it is an emergency.
- Wear disposable gloves and mask if the need to interact with any people/equipment from outside the fire module is necessary.
RETURN TO WORK MATRIX

COVID-19 Exposure
1. Quarantine AND
2. Monitor symptoms for 14 days from exposure

Each day on surveillance: Any symptoms?

Symptomatic
1. Isolation for AT LEAST 14 days from symptom onset AND
2. Obtain COVID-19 testing

COVID-19 Positive
Have 7 days passed from symptom onset?

NO
Isolation

YES
Return To Work
IF: (1) 14+ days past exposure AND (2) 24+ hours symptom free

COVID-19 Negative

Have symptoms resolved for AT LEAST 24 hours. (No fever without fever-reducing medications)
IF NEW symptoms arise during 14-day monitoring, return to isolation AND re-test for COVID-19

YES
Return To Work
IF: (1) 14+ day past exposure AND (2) 24+ hours symptom free

NO
Isolation

Notes

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Adapted from DOH

STATION & INCIDENT RESPONSE GUIDELINES

This document provides guidance to reduce the spread of COVID-19 among our responders as well as other responders and the public. All members should practice this guidance during all work-related activities.

Station Duty

- Do not come to work if you are sick. Use the Best Practice Screening Guidelines to validate your decision.
- Minimize physical contact, avoid hugging and shaking hands.
- Choose designated seating arrangements for the entire shift. Engines and Chase vehicles will be limited to two occupants. Crew carrier occupants will follow social distancing guidelines.
- Maintain equipment sanitization using NMS Decontamination Guidelines and spray equipment daily including while assigned to incidents.
- Assume that decontamination has not occurred: Clean before you use, then clean after you use.
- Wipe down with disinfectant engine’s interior, outside handles, pump controls, etc. at beginning and half-way through shift.
- Use gloves at gas station pumps and water filling stations.

Food & Meal Etiquette

- Do not leave or accept leftovers.
- Do not share food with others.
- Limit trips to the grocery store, bring food from home as much as possible.
- If participating in group meals, ensure every member has thoroughly washed hands. Do not pass plates/utensils out, instead get them for yourself.
- Order single serving meals. Avoid purchasing pizza to limit sharing and exposure.