Coronavirus (COVID-19) Response Guide for First Responders

SCHOOL: CLOSED      FESTIVALS: CANCELLED      NBA: CANCELLED
RESTAURANTS: CLOSED      FIRE DEPARTMENTS: WE’RE OPEN FOR YOU
What is coronavirus disease 2019?
Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can I get COVID-19?
Yes. COVID-19 is spreading from person to person in parts of the world. Risk of infection from the virus that causes COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19.

Learn more about places with ongoing spread at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic.

The current list of global locations with cases of COVID-19 is available on CDC’s web page at https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html.

What are the symptoms of COVID-19?
Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:
- fever
- cough
- shortness of breath
How does COVID-19 spread?
The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are severe complications from this virus?
Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

People can help protect themselves from respiratory illness with everyday preventive actions.
• Avoid close contact with people who are sick.
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

There is currently NO VACCINE for COVID-19
Dispatch Screening and Protocols

A fire department’s primary answering point (PSAP), or 9-1-1 center, should be their first line of infection control and force protection. Due to the community spread of COVID-19, dispatchers should ask all callers seeking emergency medical assistance about whether they are experiencing flu-like symptoms such as a cough, difficulty breathing, fever, and/or body aches.

Upon identifying a possible COVID-19 called based upon the pre-determined screening questions, Dispatchers should immediately notify responding personnel of the patient’s potential status as a COVID-19 patient. Firefighters should prepare to don the appropriate PPE prior to interacting with any patients identified as being suspected for COVID-19.

If transportation of the patient is required, EMS personnel should notify the receiving hospital that a suspected COVID-19 patient is en-route to their facility.

Personal Protective Equipment

Identifying and selecting the appropriate personal protective equipment (PPE) is a crucial component to protecting EMS personnel when assessing, treating, and transporting potential COVID-19 patients.

The CDC currently identifies several areas of PPE which should be worn when directly interacting with known or suspected COVID-19 patients:
- **Masks/Respiratory Protection:** Any firefighters coming into close contact with a known or suspected COVID-19 patient should wear a facemask. An N95 mask is ideal; however when unavailable, firefighters should wear a surgical mask at a minimum. All suspected COVID-19 patients also should be given a surgical mask.

- **Eye Protection:** Firefighters should wear a disposable face shield, goggles, or other protection which covers the front and sides of the face. Glasses and contact lenses are not considered adequate eye protection.

- **Gloves/Gowns:** Firefighters should wear a single pair of disposable gloves and a disposable gown. Shortages of gowns also are possible. When these occur, disposable gowns should be reserved for wear when performing aerosolizing procedures, physically transferring patients to/from a cot, and other high-contact patient care activities.

In addition to these recommendations, fire chiefs should note an additional consideration:

- **High Risk Procedures:** Aerosol-generating procedures, such as oral suctioning and intubation, convey an especially high risk of exposing firefighters to COVID-19. As a result, firefighters should wear an N95 mask, full face/eye protection, a disposable gown, and disposable gloves when performing these procedures.

**Once the appropriate PPE has been identified, all firefighters should be instructed to familiarize themselves with proper donning and doffing procedures.**
Decontamination and Disinfection

Decontamination is always a central part of any infection control procedure. This step is especially important when preventing the spread of COVID-19 to other firefighters as well as future patients.

Patients, regardless of whether they have COVID-19, should not be transported in fire apparatus unless explicitly approved. Regardless, fire chiefs should work with their medical officer to establish a cleaning and disinfection schedule for all non-transport apparatus. When cleaning these apparatus, fire suppression crews should utilize an approved disinfectant to sanitize all touch surfaces in the apparatus.

In addition to the cleaning of transport and non-transport apparatus, fire chiefs should consider increasing the frequency with which fire stations are cleaned. Appropriate disinfectant should be used to clean touch surfaces through the fire station as well as floors.

Fire chiefs also should work with their medical officer to develop protocols in the event that a suspected COVID-19 patient seeks treatment at a fire station. While it is likely that the patient should be kept outside of the station if possible, the decision of where and how to treat the patient should be guided by the agency medical officer. If the patient does enter a fire station, they should be kept to a confined space such as an office. This space should be thoroughly disinfected with a hospital-grade cleaning solution after they depart the fire station.
Quarantine vs. Isolation

Before examining this issue, it is important to note the difference between quarantine and isolation:

- **Quarantine**: Quarantine is used to separate people who may have been exposed to COVID-19 from those who have not been exposed to COVID-19. Individuals placed into quarantine are not ill and are under observation to determine if they will develop symptoms. The CDC recommends that individuals who may have been exposed, or are known to have been exposed, to COVID-19 be placed into quarantine for 14 days. This quarantine period is most often completed in the individual’s home.

- **Isolation**: Isolation is meant to separate sick individuals from non-sick individuals. A helpful note to remember is that isolation = ill. In most cases, these individuals may complete their isolation at home. However, it is critically important to routinely monitor these individuals and transfer them to a hospital if their symptoms worsen.

Fire chiefs also may need to consult a local attorney and public health officials to understand the legal aspects of quarantine and isolation orders.

**Personal vs. Professional Exposures**

Fire chiefs should develop policies which require immediate notification of the fire department if a firefighter is quarantined at home due to an exposure which occurred in their personal life.

Lastly, fire chiefs should research whether their fire department’s worker’s compensation insurance will cover instances of firefighters contracting COVID-19 as a result of a workplace exposure.

The recommendations contained in this guide are based largely on guidance from the U.S. Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

For more information: www.cdc.gov/COVID19
For more information or copies of this publication, please contact:

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For more information: www.cdc.gov/COVID19