

Firefighters & EMS Personnel

The COVID-19 pandemic has necessitated that organizations change the way they operate to keep their employees safe and limit the spread of the COVID-19 virus. Firefighters and emergency medical services (EMS) personnel have consistent contact with the public as a function of their job and are therefore likely to come into contact with suspected or confirmed cases of COVID-19. As we move through this crisis, fire departments, firefighters, and EMS personnel are faced with the challenge of developing and implementing strategies to manage potential COVID-19 exposure while performing their critical job functions.

Fire Departments & Employers of EMS Personnel

As employers of firefighters and/or EMS personnel, take the following precautions:

- Develop and share a COVID-19 health and safety plan to protect firefighter and EMS employees.
- Deliver up-to-date safety messaging on the current status of resources and protocols.
- Use National Incident Management System (NIMS) forms to document protective actions.
- Actively encourage sick employees to stay home. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments. Ensure that sick leave policies are flexible and nonpunitive.
- Fit test personnel for appropriate respirators. Train them on proper donning, doffing, and maintenance of all personal protective equipment (PPE). Make all PPE accessible to responders when needed and available.
- Implement a specific protocol with dispatch centers to determine if a caller or patient may have signs or symptoms and risk factors for COVID-19, and communicate that information to responders. Dispatch questions related to COVID-19 should be asked for all emergencies. Consider which personnel should be dispatched to different call types.
- Consult with state and local jurisdictions regarding access to PPE stockpiles if PPE supplies are limited. Consider establishing strike teams for suspected COVID-19 cases and sending in the fewest number of responders in full PPE as safety allows to assess the situation. Follow Centers for Disease Control and Prevention (CDC) and National Institute for Occupational Safety and Health (NIOSH) guidance for strategies for optimizing the supply of PPE, including:
 - Using reusable respirators that offer an equivalent or a higher level of protection as N95 respirators, such as elastomeric respirators, powered air-purifying respirators (PAPRs), or a self-contained breathing apparatus (SCBA)
 - Allowing extended use or limited reuse of certain types of PPE, such as N95 respirators
 - Considering the use of PPE past its manufacturer-designated shelf life
- Beware of fraudulent PPE. The CDC has put out information on counterfeit respirators and misrepresentation of NIOSH approval, and the Federal Bureau of Investigation (FBI) has issued a "Liaison Information Report on Indicators of Fraudulent 3M Personal Protective Equipment."
- During pre-hospital care, take steps for universal source control for everyone on scene, including EMS providers, patients, and family members, regardless of whether they have symptoms. Please note:
 - Cloth face coverings are not considered PPE but can be used for source control.
 - PPE such as surgical masks and N95 respirators should be reserved for firefighters, EMS providers, and other first responders.
- Consult with your state and local jurisdictions regarding their policies and procedures for critical infrastructure workers like emergency first responders.



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- Follow CDC guidance for when firefighters and EMS providers can return to work following potential exposure to patients with COVID-19 and/or after being diagnosed with confirmed or suspected COVID-19.
- Designate a person to be responsible for addressing employees' COVID-19 concerns.

Firefighter Personnel

If you are a firefighter or an EMS worker treating and transporting patients who may have COVID-19, protect yourself and others by taking the following precautions.

General Precautions

- Do not work if you are sick. Self-monitor for symptoms, and if you develop a temperature greater than 100.4°F or symptoms such as cough or shortness of breath, call your healthcare provider for medical advice and guidance before visiting the office. Follow your department's return-to-work policy after recovering from the illness.
- Contact your supervisor, infection control officer, and/or occupational health program immediately if you are exposed to a patient with suspected or confirmed COVID-19 when you are not wearing recommended PPE. Complete any occupational exposure report forms required by your organization's exposure control plan. If you are permitted to continue working, take additional precautions, including wearing a face mask, adhering to cough etiquette and hand hygiene, and monitoring for symptoms for 14 days after you were exposed to the patient.
- If you have suspected or confirmed COVID-19, do not return to work until:
 - Sufficient time has passed since recovery, which is the resolution of fever without the use of medications, as specified by your employer;
 - Respiratory symptoms have improved; *and*
 - At least 7 days have passed since symptoms first appeared.
- If you meet these criteria, you may return to work if you:
 - Adhere to respiratory hygiene, hand hygiene, and cough etiquette.
 - Wear a surgical mask at all times while at work until all symptoms are completely resolved or until 14 days after the onset of illness, whichever is longer.

PPE

- Wear the following PPE for all patient interactions where COVID-19 is suspected or confirmed:
 - A fit-tested, NIOSH-approved N95 or higher-level respirator or a surgical mask if a respirator is not available.
 - Use an N95 respirator or a respirator that offers a higher level of protection instead of a surgical mask when you are performing or are present for an aerosol-generating procedure.
 - If you use a respirator, you must be clean-shaven because facial hair can cause respirators to leak around the face seal.
 - One pair of disposable examination gloves.
 - Eye protection, such as a face shield or goggles, unless you are wearing a full-face respirator. Note that surgical masks with plastic eye lenses are inappropriate PPE for patient care.
 - A clean, nonsterile, long-sleeved, fluid-resistant gown or coveralls.
- If your PPE becomes grossly contaminated or compromised (e.g., torn), discard and replace your PPE according to the policies and procedures of your organization.
- Follow CDC guidance if you are reusing, reprocessing, and storing PPE.

Patient Care

- Limit the number of providers on scene and in the ambulance to minimize possible exposures while providing safe patient care and conserving PPE. Minimize patient contact in poorly ventilated areas.
- If you are the lead emergency medical technician (EMT) or paramedic responding to a possible COVID-19 call, enter the scene wearing full PPE, and evaluate the patient from a distance of 6 feet.
- If you are another type of responder, remain outside the residence, with PPE and gear at the ready.
- If you are a provider and are not wearing PPE, remain at least 6 feet from the patient at all times.
- If you are the ambulance driver, don a mask once the patient is in the ambulance if you have not done so already, and ensure that the window between the front and the rear of the ambulance is closed. Once you arrive at the hospital, don full PPE for patient transfer and the decontamination procedure.
- On all types of calls, have patients wear surgical masks if they can tolerate them to minimize exposure.

Decontamination

Gear and Equipment

- Use either single-use, disposable equipment or dedicated equipment to decontaminate. If equipment must be shared among patients, clean and disinfect between each patient.
- Dispose of disposable respirators, respirator filters, gloves, and other disposable equipment/supplies used at the scene as biohazardous waste.
- If your turnout gear or station uniform is visibly contaminated by bodily fluid, place it in a biohazard bag at the scene, and wash it following prescribed laundry procedures. Do not use chlorinated bleach with any firefighter protective clothing.
- Use U.S. Environmental Protection Agency (EPA)-registered hospital-grade disinfectants to disinfect nonporous surfaces of ambulances, gurneys, clipboards, radios, and other frequently touched surfaces or equipment according to the manufacturer's recommendations. A 70 percent ethyl alcohol solution or a bleach solution may also be used.
- Nondisposable respirators must be cleaned and disinfected in accordance with manufacturer's recommendations.
- Launder reusable personal protective clothing or other porous materials according to the manufacturer's recommendations if they become contaminated.
- Use alcohol-based hand sanitizers with greater than 60 percent ethanol or 70 percent isopropanol, or wash your hands with soap and water for at least 20 seconds when soap and water are available. Avoid touching your eyes, nose, and mouth.

Ambulance and Station

- Decontaminate the ambulance after transporting a patient with possible COVID-19 and before removing your PPE. These steps include:
 - Leaving all doors to the ambulance open to allow for any airborne particles to settle or exhaust. The time required for one complete air exchange in a standard-size ambulance using passive ventilation (low wind conditions) is approximately 10 minutes or 6 air changes per hour (ACH). This correlates to 90 percent efficiency in 23 minutes, 99 percent efficiency in 46 minutes, and 99.9 percent efficiency in 69 minutes.
 - Cleaning all soiled surfaces.
 - Disinfecting contaminated surfaces with a chemical disinfectant, preferably using an electrostatic sprayer for complete coverage; wipes; or a bleach solution.
 - Following up with UV-C disinfection, if desired, before returning the ambulance to service.
 - After decontamination is complete, doff your PPE, and place it in a biohazard bag.

At the Station

- Wear a paper mask while on duty at the fire station, while riding in apparatus, and when out in public on routine emergency calls that do not require full firefighting PPE and SCBA.
- If a communal meal is prepared at the fire station, use the largest room for meals or eat in different areas to practice social distancing. The member preparing the meal should take extra measures to ensure cleanliness, including wearing gloves and a paper mask.
- Alter your sleeping arrangements to allow for proper social distancing between members. If you require a continuous positive airway pressure (CPAP) machine to sleep, make sure you are isolated from other members.