

Falmouth Fire-EMS Operating Guideline

COVID-19 Response

Purpose: To provide guidance for responding to, and managing, responses during the COVID-19 outbreak. This temporary guideline supersedes all other response guidelines.

General Information (from Maine CDC):

COVID-19 was first detected in December 2019 in Wuhan City, China and has now been detected in many other countries, including the United States. For some, the respiratory virus causes mild symptoms like the common cold or influenza (flu), for others it can cause severe pneumonia that requires medical care or hospitalization. The virus is named "SARS-CoV-2" and the disease it causes is named "coronavirus disease 2019" (abbreviated "COVID-19"). Symptoms of COVID-19 may appear 2-14 days after exposure and may include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing.
- Fatigue
- Muscle or Body Aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Most patients experience mild symptoms and can recuperate at home, but others, particularly those with underlying medical conditions, may experience severe respiratory illness. The virus appears to spread in similar ways to influenza (flu) and the common cold. This may include:

- The air by coughing and sneezing.
- Close personal contact, such as touching or shaking hands.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes
- The virus can spread from person-to-person and in some locations, there is apparent community spread, meaning some people are infected and are not sure how or where they became infected.

There are simple steps you can take to reduce the possible spread of COVID-19 and other illnesses such as influenza and the common cold:

1. Wash your hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer.
2. Avoid close contact with people who are sick.
3. Avoid touching your eyes, nose, and mouth with unwashed hands.
4. Stay home while you are sick and avoid close contact with others.

Currently there are three vaccines available and approved by the US CDC for adults to prevent the spread of COVID-19. All EMS providers and firefighters have been given the opportunity to receive a vaccine. All members are highly encouraged to obtain a vaccination.

Guidelines:

1. All members are asked to monitor themselves for potential COVID-19 symptoms before the start of a shift (fulltime and per diem), or before responding to a call (call staff). Any symptoms or a temperature above 100.4 degrees F will require the member to stay home.
2. All members (call, fulltime, per diem) will wear a mask covering their mouth and nose in the stations and while responding to, on scene of, and returning from any call, unless fully vaccinated. For EMS calls, all members must wear a mask covering their mouth and nose while on scene, transporting to the hospital, or at the hospital, no matter if fully vaccinated or not.
3. All members working directly with the public in an inside setting and not behind a glass or plexiglass barrier are encouraged to wear face coverings when assisting a member of the public that chooses to wear a face covering. They also must wear a face covering if requested by a member of the public. This directive applies to all employees regardless of vaccination status.
4. PPE to be worn for Response to Potential COVID-19 Calls:
 - Minimum PPE worn by responders for potential, confirmed, or unknown COVID-19 patients is:
 - Gloves, Eye protection, N95, Gown (if contact with patient)
 - Minimum PPE worn by responders for negative U21 patients.
 - Surgical Mask, Gloves (be ready to don more if needed)
 - Minimum PPE to be worn in buildings deemed high probability for COVID-19 patients (currently 5 Bucknam Road Respiratory Clinic on the 1st floor)
 - Gloves, Eye protection, N95, carry a Gown (in hand or on the stretcher for contact with a patient)

5. Response to EMS calls under COVID-19 temporary protocols

- We will staff and use the minimum crews as much as possible.
 - Staffing of 2 on Ambulances (with 1 volunteer slot 7 am to 3 pm)
 - No non-members or riders (except as part of an approved training program such as Maine Medical Center Residents)
- Minimum contact of patient / public during calls
 - Stand at the door to investigate.
 - Bring the patient / public outside, if possible
- Minimum interaction with patient
 - If presumed or confirmed COVID-19 patient = 1 attendant (if possible)
 - If it is a crew of 3 and a presumed or positive patient the 3rd provider may sit in the front passenger seat during transport
- Ask the following questions of all contacted members of the public (fire or EMS call):
 - Have you or anyone in the house had any of the following:
 - Fever
 - Symptoms of lower respiratory illness (ex. Shortness of breath or cough)
 - If answered yes, assume potential COVID-19 on site and wear appropriate PPE.
- PPE worn for each provider.
 - At scenes (covered above in Section 1)
 - When treating a patient (covered above in Section 1)
 - When driving to hospital (no N95 needed if cab separate and cab pressurized)
 - At Hospital (Surgical mask – unless treating patient – see Section 1)
- EMS 1st Response
 - EMS first responders may not enter a building with a presumed or confirmed COVID-19 patient unless wearing proper full PPE as described above. First responders will generally need to wait until one of the ambulances or fire apparatus arrive on scene for the full PPE.
 - Utility 4 carries full PPE for first response calls in West Falmouth.
 - For back-up (non-staffed) ambulance calls the crew should report to the station to pickup one of the back-up ambulances.
 - If one crew member is in the vicinity of the call, they may wait for the other crew to arrive in the ambulance by staging at a safe distance.
- Requests for Additional help (lifting, etc.) will be kept to a minimum (if requested)
- The Duty Officer may respond and stay outside.
 - They are there for scene management, extra help if needed, and can call for more specific assistance if needed.
- Engine Company crew, if called to a scene, will wear the same PPE as required by EMS for potential COVID-19 patients (gloves, eye protection, N95, gown (if contact with patient)). Fire PPE not a substitute.
- All responders must document potential COVID-19 in EMS and Fire Reports including what PPE was worn by each provider. Document any and all changes during the incident.

6. Response to FIRE calls under COVID-19 Temporary Protocols

- All members will wear a cloth mask while responding to, on scene of, and returning from any fire call, unless fully vaccinated.
- Limit size of crews inside a building to 3 each when possible (ex. Investigation Group 1, Investigation Group 2, Panel Group, Basement Division, etc.)
- Need to be aware of potential COVID-19 patients on fire calls.
 - Ask public the same questions as on EMS calls to determine is potential COVID-19.
 - Have you or anyone in the house had any of the following:
 - Fever
 - Symptoms of lower respiratory illness (ex. Shortness of breath or cough)
 - If answered yes, assume potential COVID-19 on site and wear appropriate PPE (see Section 1 above).
- Need to wear appropriate PPE for buildings deemed high probability for COVID-19 patients (currently 5 Bucknam Road Respiratory Clinic on the 1st floor)
 - If not breathing through SCBA (for fire or smoke), wear Gloves, Eye protection, N95
 - Still wear SCBA on back (for fire calls)
- Document potential COVID-19 in IMC including what PPE was worn by each responder – both in route to the call, on scene, and returning from the call.

7. IMC Reporting

- All IMC reports now ask if the incident dealt with potential COVID-19. FEMA and the U.S. Fire Administration are tracking potential COVID-19 through NFIRS. Specifically:
 - On the 1st page in box E3 (Special Studies); you will now see that the first box says 9244. In the drop-down (F4) in the next box you have 4 choices:
 - 1 – Yes, COVID-19 was suspected. *Use this for U21 positive or undetermined or based on your clinical judgment.*
 - 2 – Yes, COVID-19 was confirmed. *Use this for an individual who has already tested positive for COVID-19.*
 - 3 – No, COVID-19 was not a factor. *Use this for asymptotic or non-COVID related calls.*
 - 4 – Unknown. *(Do not simply default to Unknown. If no COVID-19 suspected, use #3, No, COVID-19 was not a factor).*
- Document all PPE worn by all crew members on scene throughout the entire duration of the call. If it changes, include this in the narrative.

8. Reporting Potential COVID-19 Exposure at Work

- Use Maine EMS Matrix titled “EMS Clinician Quarantine Guidance if Exposed to a Suspected or Laboratory-Confirmed Case of COVID-19” to help determine if an exposure occurred.
 - If no PPE or insufficient PPE is worn at an incident involving a suspected or known COVID-19 positive patient a member will have potential COVID-19 exposure
 - If a breach PPE occurs at an incident involving a suspected or known COVID-19 positive patient a member will have potential COVID-19 exposure
- If potential COVID-19 exposure is expected:
 - Contact Fire Chief immediately.
 - Leave the station and immediately begin self-quarantine.
 - Do not respond to any more fire or EMS calls.
 - Await guidance from the Fire Chief.

9. Reporting Potential COVID-19 Exposure Away from Work

- If potential COVID-19 exposure is expected and/or a member of Falmouth Fire-EMS has been directed to self-quarantine by an outside agency or health care provider:
 - Contact the Fire Chief
 - Do not come to the fire station.
 - Do not respond to any fire or EMS calls.
 - Await guidance from the Fire Chief.

10. Self-Quarantine Policy

- The Fire Chief or designee will make the final determination of whether a member of Falmouth Fire-EMS enters self-quarantine. If sent to self-quarantine:
 - Members do not report to work at the fire department or visit any of town buildings.
 - Do not respond to any fire or EMS calls.
 - Do not attend meetings or training events in person.
 - Refer to Town of Falmouth’s Emergency Paid Sick Leave Policy
 - If appropriate, follow guidance from Maine CDC and Maine EMS / Epidemiology

11. Returning to Work after being Quarantined

- The Fire Chief or designee will make the final determination of whether a member of Falmouth Fire-EMS who was in self-quarantine may return to work at Falmouth Fire-EMS. To determine if a member is ready to return to work the member should:
 - Follow Maine EMS guideline titled: “EMS Clinician Return to Work Guidance if Quarantined for COVID-19 Symptomology”.
 - Per the flow chart if able to report back to work contact Fire Chief.

12. Monitoring Staff Wellness

- All crews are asked to monitor themselves before the beginning of every shift and while on shift to check for potential COVID-19 symptoms (every 12-hours).
- If any symptoms of COVID-19 are discovered before a shift starts, employee to remain away from work and contact Fire Chief.
 - Symptoms to include:
 - Fever
 - New or Worsening Cough
 - Shortness of Breath
 - Sore Throat

13. Meetings / Training

- No meetings or gatherings that do not follow town and state guidelines can be held at Falmouth Fire-EMS.
 - This includes training events, dinners, meetings, tailboard chats, morning meetings, lunches, banquet, etc.
- Falmouth Fire-EMS will use online meeting programs like Zoom, GoToMeeting, Facetime, Skype in place of in-person meetings whenever possible.
- Falmouth Fire-EMS will use online programs to conduct weekly training whenever possible. In-person trainings will use small groups to maintain proper social distancing and follow current State of Maine guidelines.

14. Visitors to buildings

- No visitors are allowed in any Falmouth Fire-EMS building except:
 - Walk-in patients and visitors can enter the Central front lobby where they will be asked to sign in and ring bell for assistance.
 - If a walk-in patient or visitor needs to be seen, we will do this in the training room where crews can practice safe social distancing and while wearing appropriate PPE when needed.
 - Visitors to Station 4 for the live-in students. These can include other live-in students and family members. These visitors need to sign in and have their temperatures and symptoms checked.
 - The number of members meeting the public will be limited when possible.
 - Social distancing guidelines will be kept.
- The following doors are to remain closed and locked at all times:
 - Door from Central Front Hallway to Administrative Offices
 - Door from Central Front Hallway to Dayroom
 - Door from Central Training Room to Bays
 - All outside doors at all stations except Central Main Door which will be open from 0800-1630 hours.

15. Non-Emergency Operations

- Falmouth Fire-EMS will limit the potential exposure of COVID-19 by limiting where staff and apparatus go while working on a shift.
- Effective immediately, all Falmouth Fire-EMS apparatus and equipment will remain in quarters unless:
 - Responding to, or returning from, an Incident
 - Performing pre-approved training
 - Performing scheduled daily/weekly/monthly task at an outside location
 - Monthly tasks will be limited to Falmouth Fire-EMS buildings
 - Approved in advance by one of the Administrative Officers (Fire Chief, Assistant Chief, EMA Captain, or Weekend Duty Officer (on the weekend).
 - Scheduled or emergency maintenance.

16. Station Precautions and Disinfection

- All surfaces in public and crew areas should be cleaned and disinfected at the start of each shift.
- Assigned apparatus for the shift should be cleaned and disinfected at the start of each shift.
- After all calls
 - Clean / disinfect all surface in all apparatus that responded to the call.
 - Clean / disinfect any SCBA used, even for only a few moments.
 - Clean / disinfect any hand tools or equipment used on the call.
 - Reminder to all members to practice good hand hygiene after the call.

17. Modified Emergency Response

- Falmouth Fire-EMS may use a modified emergency response to Fire and EMS calls as deemed necessary by the Fire Chief. An example of a modified response is:
 - Ambulance 2 and Ambulance 3 may both be staffed and if so, may alternate calls to allow for decontamination of equipment, crew, and ambulance and to also provide some crew relief.
 - If alternating calls, when both ambulances are in quarters and a fire call comes in, the next up ambulance will respond to the fire call (if it requires or calls for an ambulance). The second up ambulance crew will cross-staff Tower 2 (unless there is insufficient crew for Engine 2). This will help to ensure maximum availability of the second ambulance.
 - An insufficient crew for Engine 2 is a crew of less than 3 (Operator and 2 interior FF minimum).
 - If there is an insufficient crew for Engine 2, one or both members of the second up ambulance crew (if needed) will respond on Engine 2 to the fire call.
 - If one ambulance is on a call and a fire call comes in, the 2nd ambulance will respond to the fire call.

These guidelines may be changed or altered by the Fire-EMS Chief at any time.