



Joint Guidance for the Florida Fire Service General Guidance

Fire service employers and fire service employees should ensure the following general principles are being used in the workplace:

- Employees should clean their hands often.
 - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Follow respiratory hygiene and cough etiquette principles. Always cover your mouth and nose when coughing or sneezing and wash your hands thoroughly afterward.
- When possible, avoid close contact with other people by maintaining a distance of 6 feet between each other.
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, chairs, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.
- Employers should develop sick-leave policies for personnel that are non-punitive, flexible, and consistent with public health guidance.
- Employees should stay home if they are sick, except to get medical care.
- Employers should review and update their exposure control plan and employees should be familiar with the exposure control plan.
- Employers should plan for isolation of employees NOW, before it happens. Employers should develop a plan for possible self-isolation of employees that may be exposed ON or OFF-DUTY.
- Employees that have traveled internationally, to areas with COVID-19 outbreaks, or returned from a cruise should self-monitor for 14 days
- Employers should ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of donning and doffing such equipment.
- Employers should maintain an adequate supply of N-95 masks, eye shields, gowns, gloves, and surgical masks and monitor the availability of these items with their medical supply vendors.
- Employers should maintain an adequate supply of or access to EPA-registered hospital grade disinfectants for adequate decontamination of EMS transport vehicles and their contents.
- Employees should use personal protective equipment (PPE) whenever there is an expectation of possible exposure. This includes wearing a mask or respirator, eye protection and/or a face shield, gloves, a gown and/or a protective outer garment.
- Employees should properly handle, clean, and disinfect individual care equipment, instruments, and devices. Any items that are not disposable and come into contact with an individual who potentially may be infected must be cleaned and disinfected. This includes, but is not limited to portable radios, pens, laptops, clipboards, etc. Items that are disposable must be disposed of properly.
- Employers should consider establishing an ON-SHIFT Safety/Infection Control Officer (ICO). This individual could respond to pertinent calls, remain in the “warm zone” and monitor radio traffic, act as a liaison with the communication center (dispatch) to make sure protocols and procedures are being followed, donning/doffing of PPE, and decontamination procedures.
- Employers should consider implementing an additional “doorway triage” in which the responder remains outside the structure, at least six feet away from the patient, if possible, and verifies that the occupants of the structure are not infected, exposed, or experiencing symptoms.
- Employees should minimize patient contact until a facemask is on the patient.

BE SAFE



Joint Guidance for the Florida Fire Service 911 Public Safety Answering Points (PSAP)

Every PSAP or Emergency Medical Dispatch (EMD) center (as appropriate) should question callers with the following complaints to determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19 (Person under Investigation – PUI).

- Sick Person
- Fever
- Cough
- Respiratory Illness
- Breathing Problem

Every PSAP or Emergency Medical Dispatch (EMD) center (as appropriate) should ask these callers the following questions:

1. Ask about signs and symptoms.
 - a. Do you have a fever or feel that you have a fever?
 - b. Do you have any coughing or difficulty breathing?
2. Inquire about travel and direct exposure history.
 - a. In the last 14 days, have you traveled to an area with confirmed community transmission of COVID-19?
 - b. In the last 14 days, have you come in contact with a person that is being monitored for or has tested positive for COVID-19.

If the answer to **EITHER** question in #1 or question in #2 is yes, then the PSAP should alert responding providers of potential for patient with possible exposure of COVID19 before on scene arrival to allow use of appropriate personal protective equipment (PPE).



Joint Guidance for the Florida Fire Service

Response to Persons under Investigation for COVID-19

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. To the extent possible, EMS providers should limit the number of responders in direct contact with the patient.
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient.
 - If COVID-19 is suspected, all PPE as described below should be used.
 - If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control.
 - If a nasal cannula is in place, a facemask should be worn over the nasal cannula.
 - Alternatively, an oxygen mask can be used if clinically indicated.
- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Precautions and use the PPE as described below. Recommended PPE includes:
 - N-95 or higher-level respirator or facemask (if a respirator is not available),
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
 - Eye protection (i.e., goggles, safety glasses, or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - A single pair of disposable patient examination gloves and isolation gown. Change gloves if they become torn or heavily contaminated.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- When possible, use vehicles that have isolated driver and patient compartments. If possible, isolate the driver from the patient compartment and keep pass-through doors and windows tightly shut, if there is not a barrier consider installing a temporary, airtight barrier using plastic, “plexiglass”, etc.
- After completing patient care and before entering an isolated driver’s compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment. If the transport vehicle does not have an isolated driver’s compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19, using terminology approved and agreed upon by the local authorities, so that appropriate infection control precautions may be taken prior to patient arrival.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care).



Joint Guidance for the Florida Fire Service Cleaning EMS Transport Vehicles after Transporting a PUI* Or a Patient with Confirmed COVID-19

***Person of Interest**

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying disinfectant) should occur daily to all frequently touched surfaces or objects, including patient-care areas of ambulances.
- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.



Joint Guidance for the Florida Fire Service Guidelines for Potential Exposures to COVID-19

First Responders should be aware of the follow-up and/or reporting measures they should take after contact for a patient with confirmed COVID-19.

Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to a supervisor, or a designated infection control officer for evaluation.

Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)	Work Restrictions for Asymptomatic Responder
PPE worn by responder: None	Exclude from work for 14 days after last exposure
PPE worn by responder: Not wearing a facemask or respirator	Exclude from work for 14 days after last exposure
PPE worn by responder: Not wearing eye protection	Self-monitoring with delegated supervision
PPE worn by responder: Not wearing gown or gloves	Self-monitoring with delegated supervision
PPE worn by responder: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Self-monitoring with delegated supervision
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)	Work Restrictions for Asymptomatic Responder
PPE worn by responder: None	Exclude from work for 14 days after last exposure
PPE worn by responder: Not wearing a facemask or respirator	Exclude from work for 14 days after last exposure
PPE worn by responder: Not wearing eye protection	Exclude from work for 14 days after last exposure
PPE worn by responder: Not wearing gown or gloves	Self-monitoring with delegated supervision
PPE worn by responder: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Self-monitoring with delegated supervision

PPE=personal protective equipment

Close contact for healthcare exposures is defined as follows:

- a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or
- b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Self-monitoring with delegated supervision means measuring temperature and assessing symptoms prior to starting work and reporting this to your supervisor or designated infection control officer.

Following any exposure, First Responders should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify their supervisor or designated infection control officer.