

November 2, 2020

The practices listed within this document are important to follow as a risk reduction method to help prevent the transmission of COVID throughout our organization. The practices are intended to keep us all as safe as possible while performing our mission essential duties.

### **What is a coronavirus?**

Coronavirus is a type of virus that causes diseases of varying severities, ranging from the common cold to more serious respiratory disease. This recent novel (new) coronavirus is a new strain of coronavirus that has not been identified before in humans, called COVID-19. COVID-19 is considered an Aerosol Transmissible Disease (ATD).

### **Why is the disease being called coronavirus disease 2019, COVID-19?**

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". While the illness started in China, people with the virus have been confirmed in several countries including the United States. Since this virus is very new, health authorities are carefully watching the situation and learning more about how this virus spreads. This situation is quickly changing and the U.S. Centers for Disease Prevention and Control (CDC) provides updated information as it becomes available. Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have ongoing community spread with the virus that causes COVID-19, as do some parts of the United States.

### **Can COVID-19 spread by contaminated surfaces?**

- The ELECTROSTATIC SPRAYER will be utilized per the guidelines set forth October 2020. Guidelines are attached on page 4 and 5 of this policy.
- Current evidence suggests that the virus may remain infectious for hours to days on various types of surfaces.
- There is still much to learn about the virus, so every precaution should be taken to limit the spread of the virus from surfaces to people.

### **Is it necessary to use a disinfectant?**

- If surfaces are dirty, clean them first using a cleaning detergent and then disinfect them.
- Precautions when using disinfectants:
  - Good ventilation – open windows or doors to outside if necessary.
  - Use according to label instructions for all disinfectants.
  - Always wash hands immediately after disinfecting.

## **Mandatory:**

- **Utilize social distancing while on duty when achievable.**
- **When social distancing is not possible a mask or face covering SHALL be worn while at the station.**
- **For ALL patient contacts, within 6 feet, you must wear gloves, mask (N95), and eye protection.**

## **Station Uniform**

- Crews should be wearing Class C uniform for ALL medical Calls (24/7).
- For calls involving suspicious patients, uniform should be doffed and immediately washed using hottest setting on station washers.
- If possible, leave uniforms at work or bag and immediately wash upon arrival at home, separate from other clothing.

## **Turnouts**

- Crews should limit use of turnouts on medical emergency calls
- This DOES NOT include accidents etc. and does not change our PPE response policy.
- Turnouts that have been exposed to suspicious patients should be bagged and immediately placed in a department provided extractor.
- PPE should be worn to disassemble turnouts for cleaning.

## **Around the Station:**

- Firefighters shall practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) with household cleaners, and disinfection with approved products. See CDC website for more on disinfecting.
- Increase the frequency of wiping down door handles and all surfaces at the station and in the apparatus. The virus can live on a surface for up to 3 days. Make sure you are aware of the need to clean all apparatus.
- Clean and then disinfect on a regular basis, increasing frequency if surfaces are found to be dirty during spot-checks performed throughout the day.
- Communal sinks should have soap. Do not use kitchen sinks to disinfect your hands.
- Communal areas should be equipped with hand sanitizer.
- If surfaces are dirty, they should be cleaned using a cleaning agent or soap and water prior to disinfection.
- Soft surfaces (Carpets, rugs, drapes, recliners, blankets) clean with appropriate cleaners indicated for use.
- If the items can be laundered use the warmest water setting appropriate and dry thoroughly
- Mop floors every morning at a minimum. Consider mopping twice a day or as needed.

- Linens/clothing – do not shake dirty laundry, minimizing dispersing any virus into air. Launder using the warmest water setting appropriate and dry thoroughly.
- Leave all disinfectants, wet, on surfaces for 5 minutes before drying

**Upon arrival for your shift, please do the following:**

- All personnel and essential volunteers should conduct self-screening upon entry of building, prior to entering populated areas.
- Self-screening includes checking for a fever of 99.9 or greater. Check your temperature utilizing a Department-provided thermometer. Please confirm your reading by turning the thermometer off, then back on, and taking a repeat temperature. Any Temperature of 99.9 or greater should be immediately reported to your supervisor.
- Fever/chills and signs/symptoms of a respiratory illness (dyspnea, cough), And / or If they have two or more of the following: muscle aches and pain; nonproductive cough; sore throat; runny nose; nausea, you will be sent home.
- Additionally, self-evaluate for a sore throat, headache, cough, or any difficulty breathing. No need for documentation, this is simply a “sick or not” sick evaluation tool.
- The above self-screening criteria should be completed twice daily, approximately 12 hours apart.
- Individuals with one or more of these signs or symptoms while at work are considered to have a potentially communicable illness, should not be at work, and need to notify the Chief and/ or Deputy Chief.

**Personal Protective Equipment (PPE)**

For ALL patient contacts, all calls, within 6 feet, you must wear gloves, mask (N95), and eye protection.

Not all patient complaints will be obvious for COVID-19 signs and symptoms during a 911 call. Some will call for falls, weakness, or a wide variety of problems. It may not be until AFTER you make contact, that more information comes out or that an on-scene assessment reveals they meet criteria for potential COVID-19. That is why it is imperative that you wear your PPE (N-95, gloves, eye protection) on all calls. Once there is confirmation that criteria are met for suspected COVID-19, then PPE should escalate to wearing a gown or Tyvek.

## **Electrostatic Sprayer Decontamination Program**

### **Purpose:**

To ensure the fire department and equipment are free of germs and contaminants that pose a risk of harm and illness to the members and visitors of the Cumberland Road Fire Department

### **Guidelines:**

**Use:** The Electrostatic Sprayer should only be used by personnel familiar with the equipment's use and operation. To familiarize oneself with the equipment, operational steps are listed below, along with a link to a video describing the set-up, use, and application of the disinfectant. Personnel who are unfamiliar with the use and operation are expected to seek assistance from a department member familiar with the use and operation. The use of the equipment is expected to be documented in Firehouse as an activity and Aladtec in the daily shift report.

**Frequency:** The station (all areas) and apparatus are to be decontaminated (sprayed) every Tuesday and Friday. In addition, the training room is to be decontaminated (sprayed) every Thursday before and after training. If hosting an event on any other day, the training room is to be decontaminated (sprayed) before and after the hosted event. Contaminated equipment is to be decontaminated (sprayed) as needed. All uses, as previously noted, are to be documented in Firehouse and Aladtec.

### **Procedural Steps:**

1. Verify all equipment is present and battery source is charged
2. Remove the water tank and fill using tap water, approximately 32 ounces. (Refer to the video link for procedures to remove the tank)
3. Place one (1) tablet of PURTABS in the water tank and allow it to sit for 3-5 minutes, enabling the tablet to dissolve. See PPE guidelines below.
4. Spray the surface areas from 2-3', allowing a layer of wetness to form without saturating. The surface should remain wet for four (4) minutes to destroy/kill any bacteria or viruses on the surface. Do not wipe dry; allow the surface to air dry.
5. Upon completion, do not leave the tank if the water solution remains connected to the sprayer. The tank may be removed and stored with the cap placed on the tank. The sprayer should be operated to ensure all water is removed from the system, which will be noted upon discharging air while operating. However, it is strongly recommended to flush the sprayer with clean tap water to prevent build-up and crystallization of the residual tablet particles.
6. Return all equipment and components to the storage bag, returning the equipment to the supply closet.

Personal Protective Equipment (PPE) • In the form of gloves or chemical resistant gloves, hand protection is required when preparing the solution—AVOID SKIN CONTACT as the PURTABS are corrosive in nature. • Eye protection, in the form of safety glasses or face shield, is required when preparing the solution—AVOID EYE CONTACT • Avoid preparing the solution in a closed environment to reduce the risk of dust inhalation from the PURETABS

First Aid/Emergency Procedures: • Skin Contact: Flush the contaminated area(s) with copious amounts of water and soap. Seek additional care if warranted. • Eye Contact: Flush the contaminated eye(s) with copious amounts of water. Seek additional care if warranted. • Inhalation: Move the exposed individual to fresh air and monitor. Seek additional care if warranted. • Ingestion: Contact Poison Control for guidance and provide appropriate care as needed. Seek additional care if warranted.