



**GILA RIVER FIRE DEPARTMENT**  
**SPECIAL ORDER**  
**FD # 55.579**

**TO:** GRFD ALL  
**FROM:** Morey Morris, Fire Program Manager, HSO *MM*  
**THROUGH:** Leon Manuel, Acting Deputy Fire Chief *LM*  
Kathy Garcia, Fire Chief *KG*  
**DATE:** March 19, 2020  
**SUBJECT:** CoVID-19 Update- March 2020

Attached are guidelines from several fire agencies, the CDC and health organizations regarding the corona virus- CoVID-19.

Please follow these directions in cleaning and disinfecting EMS equipment, stations and personnel. There is information on quarantining and isolation on the document.

Also, effective immediately, all GRFD personnel will have a daily temperature reading performed.

- OPS Personnel- 0800 daily- all off going and all on-coming personnel will have a reading done and recorded on file
- 40 Hour Personnel- AM temperature check to be done at FP, Fire Admin, Fleet and Central AZ College (SAFER Apprentice only); all readings will be recorded

Any person with a 100.4-degree temperature will be sent home. All supervisors will contact Morey Morris via phone and inform him of the person being sent home.

There will be many updates coming as we get and filter through them.

Please call if you have any questions.

*Review of this document on Target Solutions supersedes the signature block below*

A Shift	B Shift	C Shift	Staff

## **Patient Care Procedures**

### *Patient Assessment and Care*

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 Fire first responder coming into close contact with a known or suspected COVID-19 patient should wear a facemask. An N95 mask is ideal; however massive global demand for N95 masks likely will lead to shortages. In cases when N95 masks are unavailable, Fire first responders should wear a surgical mask at a minimum. All suspected COVID-19 patients also should be given a surgical mask.
- **Eye Protection:** Fire first responders 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:** Fire first responders 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 the recommendations above, Fire first responders should note an additional consideration:

- **High Risk Procedures:** Aerosol-generating procedures, such as oral suctioning and intubation, convey an especially high risk of exposing Fire first responders to COVID-19. As a result, Fire first responders should wear an N95 mask, full face/eye protection, a disposable gown, and disposable gloves when performing these procedures. If possible, high risk procedures like these should be performed with the ambulance stopped and all doors and windows opened to allow as much ventilation as possible within the ambulance.

Once the appropriate PPE has been identified, all Fire first responders should be instructed to familiarize themselves with proper donning and doffing procedures. The National Ebola Training and Education Center has produced a video which demonstrates the proper donning and doffing procedure following an interaction with a known or suspected COVID-19 patient. The link is- [NETEC\\_Personal\\_Protective\\_Equipment\\_for\\_COVID-19](#)

### *Discarding Expired PPE*

Due to the likelihood of PPE shortages and unusually high PPE burn rates, GRFD will retain all unused, but expired, PPE. Even though GRFD makes every effort to use only PPE which is within date, these unused but expired PPE should be placed at the bottom of GRFD's stockpile. If GRFD finds itself in a position where no PPE is available, this unused but expired PPE may be a better choice than to operate without any PPE for firefighters.

## **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 Fire first responders as well as future patients.

### *Ambulance Decontamination Procedures*

After the patient has been transferred to a receiving facility, the ambulance crew should open the rear doors of the transport vehicle to allow an air exchange to facilitate the removal of infectious particles from the air. The CDC currently believes that the time spent transferring the patient and completing all patient care reports is sufficient to ventilate the ambulance.

When cleaning the ambulance, EMS personnel should wear a disposable gown and gloves. A surgical mask or disposable face shield also is recommended if splashes of the cleaning agent are anticipated. Hospital-grade disinfectants are strong enough to kill the COVID-19 virus and should be used on any surface which may have come in contact with the patient or patient's bodily fluids, regardless of whether the ambulance crew noticed contamination of the surfaces. Particular attention should be given to cleaning the following areas:

- Stretcher
- Rails
- Control panels and switches
- Floors
- Walls
- Seats
- Work surfaces
- Cabinets

Ambulance crews should adhere strictly to the usage instructions provided by the disinfectant manufacturer as well as any applicable standard operating procedures. GRFD will work closely with our medical director and with Gila River EMS to assess whether additional disinfection processes should be instituted.

### *Fire Apparatus Decontamination Procedures*

Patients, regardless of whether they have COVID-19, should not be transported in fire apparatus unless explicitly approved. Regardless, GRFD will work with our medical director 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.

## *Fire Station Decontamination Procedures*

In addition to the cleaning of transport and non-transport apparatus, Fire first responders 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. Particularly close attention should be given to thoroughly cleaning all quarters, kitchens, gyms, bathrooms, and day rooms.

We will work with our medical directors 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 GRFD's medical director. 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.

At this time, the Fire Station should have all counters and tables disinfected with Lysol wipes and then have Lysol spray applied. Allow the spray to dry. This should occur at least once a day. All door knobs need to be cleaned daily with the above mentioned procedure.

All bedding should be washed and dried weekly; this includes bed covers and personal linen.

## **Quarantine Guidance**

GRFD will work closely with our medical director, GRIC attorneys, and benefits administrator to pre-plan for the event when a Fire provider must be quarantined or isolated. The most important information to know is that the chances of needing to quarantine or isolate an EMS provider can be nearly eliminated when a) proper PPE adherence is achieved and b) a surgical facemask is placed on a patient.

Personnel should always follow proper PPE protocol and place a surgical facemask on patients with flu-like symptoms. If both goals are achieved, there likely is no need to quarantine a Fire provider.

## *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. If an individual is quarantined in their home, GRFD and our medical director will consider whether it is appropriate for the individual to distance themselves from other family members or roommates who have not experienced a potential COVID-19 exposure.

- 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.

GRFD will also consult with GRIC attorneys and public health officials to understand the legal aspects of quarantine and isolation orders.

### *Personal vs. Professional Exposures*

GRFD will develop policies which require immediate notification of the fire department if a firefighter provider is quarantined at home due to an exposure which occurred in their personal life. In the event of quarantines or isolations resulting from an exposure conclusively linked to an individual's private life, the fire department likely will compensate the individual at the rate which they would be paid for any other sick leave.

Quarantines which are the result of a workplace exposure raise a host of unique considerations such as the individual's compensation rate during the quarantine period (specifically whether they must be provided compensation at an overtime rate), and responsibilities that the fire department has to the individual under federal laws such as the Fair Labor Standards Act, Occupational Safety and Health Act, or the Family and Medical Leave Act.

Lastly, GRFD is doing research in whether GRIC's worker's compensation insurance will cover instances of firefighter personnel contracting COVID-19 as a result of a workplace exposure.

### *Quarantine/Isolation Locations*

GRFD is working closely with our medical director, local public health authorities, and other community administrators to identify proper quarantine and isolation locations for individuals who may have been exposed to COVID-19. These locations often can be in an individual's home. However, some individuals may express concern about a home quarantine if their family is not under a quarantine order. Due to this concern, GRFD may establish a quarantine/isolation housing in a pre-designated fire station, hotel, apartment, or other housing. Ultimately, the selection of this housing will be left to the fire chief, medical director, and other community administrators.

### *Physical, Mental, and Behavioral Health Concerns*

Regardless of the location, GRFD will also consider the mental stress that a quarantine or isolation may place on an individual. GRFD will develop plans to ensure that individuals are routinely contacted throughout the day to assess their physical symptoms as well as to address any mental or behavioral health concerns which arise during the quarantine or isolation. The use of a peer support, chaplain, or critical incident stress management team may be especially helpful in monitoring and addressing mental and behavioral health concerns of individuals in quarantine or isolation.

Routine monitoring of an individual's physical health symptoms also is important as they may need medical attention if symptoms develop. A possibility may exist to utilize phone and/or video conferencing systems to assess the health of quarantined/isolated individuals. GRFD will work with our local and state health authorities to develop a plan for monitoring quarantined individuals for COVID-19 symptoms. Additionally, GRFD's medical director can play an active role in developing any plans to assess the physical, mental, and behavioral health of quarantined individuals

### *Volunteer Specific Concerns for Quarantines*

Volunteer personnel may be especially impacted by mental or financial stressors as a quarantine or isolation could have negative impacts on their paid careers. As a result, some volunteer personnel may be reluctant to continue their service in light of a growing biological threat. In cases when a volunteer Critical Care Response provider is subject to a quarantine or isolation as a result of their volunteer service, GRFD will offer any reasonable accommodations and assistance. Some of these accommodations may include:

- Assist in contacting a volunteer's employer to explain their quarantine
- Identify the needs of the volunteer and/or their families during the quarantine
- Assist the volunteer in filing for any applicable worker's compensation, health insurance, or other wage insurance claims

### *Extent of Quarantine/Isolation Following a Workplace Exposure*

The CDC has developed a helpful guide for assessing the level of risk that an individual faces following interaction with a known or suspected COVID-19 patient. It is important to note that if a fire provider was wearing their full PPE and adhered to proper donning and doffing procedures, their chances of contracting COVID-19 are minimal, and they should not be quarantined or isolated. Placing an individual under quarantine or isolation should only be done following an unprotected exposure to a known or suspected COVID-19 patient.

The CDC establishes that placing a face mask on a patient to achieve source control is one of the most effective means to reducing exposure risk for EMS/Fire personnel. All suspected COVID-19 patients should be instructed to don a surgical mask upon arrival of EMS personnel. This will be done using the Emergency Medical Dispatch (EMD) ProQA questions that have been provided to Gila River Public Safety Dispatch and are currently in use.

### **Modification of Behavior**

The following items need to be adhered to:

#### CLEANING/HYGIENE

- Morning clean/disinfect, and Evening clean/disinfect
  - High hand contact areas in station and on Apparatus
- Frequent hand washing
- Uniforms kept at and laundered at work only
- No civilian clothes to be washed in Department washing machines
- Uniform swap after contact with pts suspected to have COVID 19, and other illnesses that could transmit pathogens
- Shower in the evening before bed
- Weekly washing of bedding, Dept. bed covers and personal bedding

#### STATION BEHAVIOR

- Ensure bay doors remain closed
- Do not defeat any station security measures (i.e.; propping doors open etc.)
- Grocery shop on days off so that it is not necessary to grocery shop on shift days

- If calls prevent you from cooking, order food online, and designate 1 member to pick up the food if on 4 person truck. If 3 person truck only send 1 member inside to pick up order
  - No public gatherings above 10 people (except as outlined in Special Order 55.578)
  - Maintain social distancing
  - Exercise in FD gyms only, clean after workout
  - No walkthroughs of public/private buildings
  - **\*Take on-coming and off-going personnel's temperature each morning at shift change to determine if febrile (100.4) and possible mid/end of shift Personnel who are febrile need to go home sick\***
  - **40 hour personnel will do once daily temperature check and record that information**
  - Any person with 100.4 degree temps will need to contact Morey Morris for more information
  - **All personnel must use as a minimum of PPE protection the following:**
    - Mask
    - Face Shield or approved glasses (ANSI approved)
    - Gloves
    - In certain treatment situations, will need to wear the apron or gown
- (in order to get Industrial coverage for our personnel, this protection is mandatory)

### GRFD INCIDENT BEHAVIOR

- If patient suspected of having COVID 19, limit personnel into residence to conduct a recon with the proper PPE (face mask, eye protection gloves. If possible, place mask on patient and bring the patient to the exterior of the home.
- Notify BC of exposure, BC will contact alarm and place a caution on the residence
- Fill out proper exposure form, enter into FH, and forward to Morey Morris
- Clean equipment utilized on each patient after each call
- Clean frequently touched areas of the apparatus after each call of suspected COVID 19 exposure
- Face masks may be re-used max of 5 times, please see attached CDC recommendations for these parameters <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- When possible, leave a member of the crew with the apparatus to prevent looting

### **Attachments and Video Links**

There are several documents that come from Pinal and Maricopa County Health Departments, Gila River Indian Community Health, and several videos from Vector Solutions and Phoenix Fire. Take time to review this material.

Attachments:- Maricopa County Pub. Health- COVID-19 Update and HCP Guidance

- Maricopa County Pub. Health Updated Recommendations for HCP with COVID-19 Exposure
- GRHC N-95 Conservation
- GRHC- CDC & NIOSH Guidelines for N95s
- Pinal County Pub Health- 1<sup>st</sup> Responder PPE FAQ

Videos- Donning/Doffing PPE <https://youtu.be/cLSQZ5ohWmQ>

- Decontaminating Rescues [https://youtu.be/ML4M\\_OgvP5w](https://youtu.be/ML4M_OgvP5w)
- NETEC\_Personal\_Protective\_Equipment\_for\_COVID-19



**COVID-19 Update and Healthcare Provider Guidance** (last updated 3/5/20)

**What We Know:**

- The virus causing coronavirus disease 2019 (COVID-19) is a new coronavirus that has not been previously identified and causes a respiratory illness ranging from asymptomatic or mild upper respiratory illness to severe pneumonia, which can be fatal.
- Data published from China indicates that >80% of people with laboratory-confirmed COVID-19 had mild illness.
- Modeling studies from WHO and partners estimate the mortality to be 0.3-1%, which is slightly higher than influenza (0.1-0.2%).
- As of March 3, 2020, Maricopa County has had two confirmed COVID-19 cases. The first in late January, who is now fully recovered and the second in early March for whom the investigation is ongoing. Close contacts of the initial case were monitored and tested multiple times; none of them developed COVID-19.

**Healthcare providers caring for a patient with fever and/or acute respiratory symptoms should:**

- Obtain detailed travel history, including all national and international travel, for the 14 days prior to symptom onset;
- Consider adding travel screening, including all countries under [CDC Travel Warning Levels 2 & 3](#), to your patient triage protocol;
- Determine if the patient meets criteria outlined below:

**Criteria to Guide Evaluation of Persons Under Investigation (PUI)**

Clinical Features	Plus	Epidemiologic Risk
Fever <sup>1</sup> OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization	AND	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization in a person with a high-risk occupation* OR who lives in a congregate setting <sup>†</sup>	AND	A history of travel from affected geographic areas <sup>5</sup> within 14 days of symptom onset
Fever <sup>1</sup> AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas <sup>5</sup> within 14 days of symptom onset
Fever <sup>1</sup> AND severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, radiographic confirmation of bilateral pulmonary infiltrates, & without alternative explanatory diagnosis (negative influenza testing & respiratory viral panel) <sup>6,7</sup>	AND	No source of exposure has been identified

<sup>1</sup>Fever may be subjective or confirmed.

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

<sup>3</sup>Close contact is defined at the CDC website: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

<sup>4</sup>Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

<sup>5</sup>Countries or counties/states where sustained community transmission has been identified (e.g., countries with [CDC Level 2 or 3 Travel Health Notice](#) and counties/states such as Snohomish County, WA, Solano County, CA, etc.) which can change rapidly

<sup>6</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered

<sup>7</sup>Also consider testing for Coccidioidomycosis and Legionella

\*Healthcare personnel, school personnel, childcare worker, jail/prison personnel, or other similar occupation

<sup>†</sup>Jail/prison, long-term care facility or nursing home, university, or other similar setting

**For all patients who meet COVID-19 PUI criteria:**

- 1) Healthcare personnel entering the room should use droplet, contact, and standard precautions, plus eye protection (e.g., goggles or a face shield) and patients can be evaluated in a private room with the door closed (unless performing aerosol-generating procedures, which should be performed in an AIIR);
- 2) Immediately notify your healthcare facility's infection control personnel;
- 3) Immediately notify Maricopa County Department of Public Health:
  - a. Monday–Friday 8AM–5PM — call (602) 506-6767 and ask for a Surveillance Nurse or;
  - b. After 5PM and on weekends — call (602) 747-7111 and ask for the Provider On-Call.
- 4) Collect specimens for testing for COVID-19, which include:
  - a. Upper respiratory specimen (e.g., nasopharyngeal and oropharyngeal [NP/OP] swab);
  - b. Lower respiratory specimen (e.g., BAL, tracheal aspirate) in intubated patients ONLY





## **Updated Recommendations for Healthcare Workers and First Responders with Potential Exposure to COVID-19**

(Updated 3/6/20)

Community transmission of COVID-19 has been confirmed in multiple areas of the United States, including Maricopa County, Arizona. This development means previously recommended actions, such as quarantining all potentially exposed healthcare personnel, are impractical for healthcare facilities.

In the setting of community transmission, all healthcare personnel and first responders are at some risk for exposure to COVID-19, whether in the workplace or in the community. Devoting resources to contact tracing and retrospective risk assessment diverts resources from patient care and other important infection prevention and control activities.

Due to community transmission in Maricopa County, Arizona, recommendations for potentially exposed healthcare personnel have changed.

### **Healthcare facilities should shift their emphasis to more routine practices:**

1. Ask healthcare personnel to report known COVID-19 exposures to the appropriate healthcare facility personnel (Occupational Health or Infection Control).
2. Develop a system to regularly monitor all healthcare personnel for **fever and any respiratory symptoms**. (For example, healthcare personnel could be expected to monitor their temperature and any symptoms twice a day or before working a shift.)
3. Reinforce that healthcare personnel **should not report to work when ill**.

### **If healthcare personnel have a known exposure to COVID-19, healthcare facilities should:**

1. Allow asymptomatic healthcare personnel to continue to work after consultation with their occupational health program.
2. If the healthcare facility has a sufficient supply, healthcare personnel with a known exposure could be asked to wear a facemask while at work for the 14 days after the exposure.

### **If healthcare personnel develop any symptoms consistent with COVID-19 (fever or respiratory symptoms), they must:**

1. Cease patient care activities.
2. Put on a facemask immediately (if not already wearing).
3. Notify their supervisor or occupational health services prior to leaving work.

# PLEASE HELP! CONSERVE SUPPLY OF N95 RESPIRATORS

1

## APPLY AN N95 RESPIRATOR WHEN INDICATED



Use a pair of clean gloves when donning a used N95 and performing a user seal check. Discard the gloves only after any adjustments are made to ensure a good face seal.

2

## PLACE SURGICAL/PROCEDURAL MASK OVER N95 RESPIRATOR



Wear new gloves when applying mask. Do not make adjustments or touch your face during patient care.

3

## DISCARD N95 RESPIRATOR AFTER 5 DONNINGS OR IF CONTAMINATED\*



STORE IN A NEW BREATHABLE PAPER BAG OR ENVELOPE FOR RE-USE.

WRITE YOUR NAME ON THE BAG.

USE ONLY CLEAN GLOVES TO TAKE OFF THE N95 AFTER USE.

4

## WASH YOUR HANDS



## THOROUGHLY

With soap and water  
for 20 seconds.

\*See other side for CDC RE-USE Guidelines.

Remember, these are guidelines for the best interest of yourself and patients.

## CDC & NIOSH RECOMMENDED RE-USE GUIDELINES FOR N95 MASKS

TAKE THE FOLLOWING STEPS TO REDUCE CONTACT TRANSMISSION:

- DISCARD N95 RESPIRATORS FOLLOWING USE DURING AEROSOL GENERATING PROCEDURES. (INTUBATION, EXTUBATION, CPR, BiPAP/CPAP, AIRWAY SUCTIONING, HIGH-FLOW OXYGEN, AEROSOLIZING OR NEBULIZING MEDICATIONS)
- DISCARD N95 RESPIRATORS CONTAMINATED WITH BLOOD, RESPIRATORY OR NASAL SECRETIONS, OR OTHER BODILY FLUIDS FROM PATIENTS.
- DISCARD N95 RESPIRATORS FOLLOWING CLOSE CONTACT WITH ANY PATIENT CO-INFECTED WITH AN INFECTIOUS DISEASE REQUIRING CONTACT PRECAUTIONS.
- USE A CLEANABLE FACE SHIELD (PREFERRED) OR A SURGICAL MASK OVER AN N95 RESPIRATOR AND/OR OTHER STEPS (E.G., MASKING PATIENTS, USE OF ENGINEERING CONTROLS), WHEN FEASIBLE TO REDUCE SURFACE CONTAMINATION OF THE RESPIRATOR.
- HANG USED RESPIRATORS IN A DESIGNATED STORAGE AREA OR KEEP THEM IN A CLEAN, BREATHABLE CONTAINER SUCH AS A PAPER BAG BETWEEN USES. TO MINIMIZE POTENTIAL CROSS-CONTAMINATION, STORE RESPIRATORS SO THAT THEY DO NOT TOUCH EACH OTHER AND THE PERSON USING THE RESPIRATOR IS CLEARLY IDENTIFIED. STORAGE CONTAINERS SHOULD BE DISPOSED OF OR CLEANED REGULARLY.
- CLEAN HANDS WITH SOAP AND WATER OR AN ALCOHOL-BASED HAND SANITIZER BEFORE AND AFTER TOUCHING OR ADJUSTING THE RESPIRATOR (IF NECESSARY FOR COMFORT OR TO MAINTAIN FIT).
- AVOID TOUCHING THE INSIDE OF THE RESPIRATOR. IF INADVERTENT CONTACT IS MADE WITH THE INSIDE OF THE RESPIRATOR, PERFORM HAND HYGIENE AS DESCRIBED ABOVE.
- USE A PAIR OF CLEAN (NON-STERILE) GLOVES WHEN DONNING A USED N95 RESPIRATOR AND PERFORMING A USER SEAL CHECK. DISCARD GLOVES AFTER THE N95 RESPIRATOR IS DONNED AND ANY ADJUSTMENTS ARE MADE TO ENSURE THE RESPIRATOR IS SITTING COMFORTABLY ON YOUR FACE WITH A GOOD SEAL.

THERE IS NO WAY OF DETERMINING THE MAXIMUM POSSIBLE NUMBER OF SAFE REUSES FOR AN N95 RESPIRATOR AS A GENERIC NUMBER TO BE APPLIED IN ALL CASES. SAFE N95 REUSE IS AFFECTED BY A NUMBER OF VARIABLES THAT IMPACT RESPIRATOR FUNCTION AND CONTAMINATION OVER TIME. HOWEVER, MANUFACTURERS OF N95 RESPIRATORS MAY HAVE SPECIFIC GUIDANCE REGARDING REUSE OF THEIR PRODUCT. THE RECOMMENDATIONS BELOW ARE DESIGNED TO PROVIDE PRACTICAL ADVICE SO THAT N95 RESPIRATORS ARE DISCARDED BEFORE THEY BECOME A SIGNIFICANT RISK FOR CONTACT TRANSMISSION OR THEIR FUNCTIONALITY IS REDUCED.

REFERENCE:

[HTTPS://WWW.CDC.GOV/NIOSH/TOPICS/HCWCONTROLS/RECOMMENDEGUIDANCEEXTUSE.HTML](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

## Pinal County Office Of Emergency Management EOC Activation Situation Report (SitRep): Operational Period 5

# First Responder PPE FAQ

Updated Mar 13, 2020

**Due to the current outbreak, COVID-19 PPE is limited.  
COVID-19 PPE should be used as recommended by the CDC.  
ONLY use COVID-19 PPE when treating confirmed or suspected patients.  
DO NOT USE COVID-19 PPE FOR STANDARD RESPONSE ACTIVITIES.**

### What level of PPE is appropriate for daily use during the COVID-19 outbreak?

If COVID-19 status is known or suspected to be positive, use COVID-19 PPE. Follow standard PPE procedures for routine daily response activities.

*Example 1: if dispatch advises that the patient is suspected of having COVID-19, use COVID-19 PPE. Don PPE BEFORE entering the scene.*

*Example 2: If the patient's status is unknown, exercise caution. Quickly assess the patient's condition from a minimum of 6 feet away. Following assessment, if COVID-19 IS suspected, use COVID-19 PPE. If COVID-19 is NOT suspected, follow standard PPE procedures for a patient with potential respiratory infection.*

### Who should use COVID-19 PPE?

First responders including law enforcement, fire services, emergency medical services, and emergency management officials who anticipate direct care or close contact with individuals with confirmed or suspected COVID-19 should use COVID-19 PPE. Confirmed or suspected patients should wear a face mask for source control. An oxygen mask can be used if clinically indicated. If a driver cares for a COVID-19 patient, all PPE should be removed and hands cleaned before returning to the transport vehicle driver's compartment. If the driver's compartment is not isolated, then a facemask or respirator should be worn during transport. Individuals continuing to provide care should remain donned in PPE.

### What specific PPE is recommended for COVID-19 response activities?

For confirmed or suspect COVID-19 patients, recommended PPE includes facemask, gloves, eye protection, and an isolation gown. Use an N-95 respirator (or higher level) when performing or present for aerosol-generating procedures. If supply is sufficient, fit-tested first responders should use respirators for patients with known/suspected COVID-19. If there is a shortage of gowns, prioritize them for aerosol-generating procedures, activities where splashes and sprays may occur, or activities where pathogens may transfer to clothing of providers (eg. movement of patient to a stretcher).

### What precautions need to be taken for aerosol-generating procedures?

Wear an N-95 respirator (or higher) when performing aerosol-generating procedures. If possible, consult with medical control for specific guidance BEFORE performing the procedure. BVMs and other ventilator equipment should be equipped with HEPA filtration to filter expired air. If possible, the rear doors of a transport vehicle should be opened (away from pedestrian traffic) and the HVAC system should be activated during aerosol-generating procedures. Aerosol-generating procedures may include BVM ventilation, OP suctioning, endotracheal intubation, nebulizer treatment, CPAP, biPAP, or resuscitation involving emergency intubation or CPR.

**Where possible, limit the number of providers for a known or suspected COVID-19 patient to essential personnel ONLY to help minimize exposures, risk to responders, and PPE shortage. If multiple confirmed patients are being evaluated consecutively, change your gown and gloves after finalizing evaluation with each, and maintain your mask and eye protection until you finalize all cases.**

FAQ developed from CDC's "Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States." For additional details visit: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>