



## INTERIM GUIDANCE FOR FIRE SERVICE AGENCIES TO LIMIT POTENTIAL EXPOSURE TO COVID-19

Revised April 6, 2020

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### BACKGROUND

The New York State Department of Health (Department) and the Centers for Disease Control and Prevention (CDC) continue to closely monitor the novel coronavirus (COVID-19) outbreak. On March 7, 2020, Governor Cuomo issued [Executive Order 202](#) declaring a state of emergency in response to the outbreak.

### PURPOSE

This guidance was developed for New York State fire service agencies to mitigate potential exposure of firefighting personnel to COVID-19. This guidance is meant to assist fire service agencies in developing procedures applicable to their individual circumstances. Additional guidance for consideration may be found at <https://coronavirus.health.ny.gov/home>.

Infectious disease experts continue to learn about COVID-19, including how it spreads and affects different at-risk populations. The current spread of COVID-19 is thought to occur primarily person-to-person via respiratory droplets transmitted through close contact.

### GENERAL INFECTION PREVENTION STRATEGIES

Strategies to prevent the transmission of COVID-19 include:

- **Staying home if you are sick.** Unless it is an emergency, call your health care provider for medical advice that can be provided over the phone or use telehealth services before traveling to the office. If it is an emergency, call 911 and notify them of potential symptoms (e.g., fever, cough, trouble breathing). Symptoms may be mild in a majority of cases, especially near onset. Mild symptoms consistent with COVID-19 should be assumed to be a result of the virus, until ruled out by a medical professional.
- Covering your mouth and nose with a tissue when coughing or sneezing and then immediately discarding it in a closed container. If a tissue is not available, use the inside of your elbow.
- Keeping your hands clean by washing them often with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Avoiding touching your eyes, nose, or mouth with unwashed hands.
- If possible, avoiding close contact with others, especially those who are sick. At least six feet of distance is recommended.

- Keeping work surfaces and equipment disinfected.

## **SPECIFIC MITIGATION STRATEGIES FOR FIREFIGHTING PERSONNEL**

Firefighting personnel should exercise caution in their daily regular interactions with colleagues and the public.

To the extent possible, firefighting personnel should implement the following considerations in the work environment to prevent the transmission of COVID-19, including:

- Maintain procedures and practices necessary to provide for the safety of firefighting personnel and effective operations (e.g., needing members to remain seated and belted during a response, maintaining crew size necessary complete tasks during an incident, guiding a saw operator, or footing a ladder). The safety of the firefighting personnel will take precedence over social distancing where personnel must work within six feet.
- Limit nonemergency tasks, such as fire safety inspections and in-person training, to reduce the number of required personnel per shift and limit critical, but nonemergency tasks, to minimum staffing necessary to safely and effectively perform the task.
- Ventilate apparatus and other vehicles during and after transport, to the extent practicable.
- Assign specific riding positions for apparatus and other vehicles to maintain social distancing, to the extent practicable. Facemasks should be considered when riding within six feet of each other is unavoidable.
- Reduce crew size in each vehicle or increase the number of vehicles in a response, to the extent practicable.
- Create separations in sleeping quarters and common areas to maintain a minimum distance of 6 feet.
- Clean and disinfect common areas and frequently touched surfaces in the station at minimum once per 12-hour shift, including doorknobs, telephones/intercoms, computer keyboards/mice, switch plates, kitchen, fitness rooms, etc.
- Clean and disinfect bunk rooms. Replace bedding and clean surfaces after each use.
- Avoid using areas that cannot be cleaned between individual use (i.e. station pole).
- Limit areas to one operator, where practicable (e.g. base station and vehicle radios, alarm panels and traffic controls).
- Stagger mealtimes to limit congregation and serve individually wrapped meals prepared in a sanitized area.
- Eliminate fire station visits by nonessential personnel and the public. When personnel must visit a firehouse (e.g. to drop off supplies), use social distancing precautions like making the transaction outside and maintaining a six-foot distance. Use video and other remote audio/video technology to minimizing in-person visits (e.g., for trainings, staff meetings).
- Clean and disinfect equipment and exposed surfaces in vehicles post-response. Procure and use products identified by the EPA as effective against COVID-19, according to the product label.

- Actively monitor employees for virus symptoms (e.g., fever, cough, shortness of breath) at the beginning of each shift, and at least every 12 hours during the shift.

To the extent possible, firefighting personnel should consider the following precautions when interacting with the public:

- Whenever possible, avoid close contact with others, especially those who are sick. At least a six-foot distance is recommended.
- As possible, to minimize circulation of personnel, restrict mutual tour exchanges, details, backfilling, and other actions which replace personnel to within the same firehouse/facility.
- If firefighting personnel encounter an individual demonstrating mild to severe respiratory symptoms, including cough, fever, or trouble breathing, firefighting personnel should take all possible precautions to minimize the risk of COVID-19 transmission. **However, these precautions need to be balanced against any necessary firefighting action when immediate life-saving interventions or imminent safety measures are required.**
  - For example, responses to automatic alarms where social distancing and doorway triage should be routinely practiced compared to responses to building fires with occupants trapped inside.
- Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport a person in need of assistance who is displaying symptoms of COVID-19 to a hospital or other healthcare facility.  
<https://www.health.ny.gov/professionals/ems/policy/policy.htm>.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have close contact with an individual who may have symptoms of COVID-19.
- Wear PPE when close (i.e. within six feet), prolonged (i.e. more than a few minutes) contact with the public is expected. Fire service agencies should ensure to the best of their ability that PPE is available and accessible for members, understanding the limitations on supply of equipment and prioritization of supply for direct health care personnel.
  - PPE may include disposable exam gloves, an approved facemask, a fluid resistant gown or suit, and/or eye protection, such as goggles, as appropriate.
- When arriving on scene, practice “doorway triage”, collecting as much information as possible about potential COVID-19 risk (e.g., symptoms, quarantine) before making entry/close contact. Limit entry/contact to the minimum extent possible, in order to mitigate the call (e.g. perform medical assessment of patient or check the alarm panel from just outside the front door, send in one or two personnel to investigate instead of an entire crew).
- Limit risk of exposure by using an approved facemask when responding to all appropriate calls. Do not use damaged or soiled masks.

- Clean and disinfect firefighting equipment and PPE prior to use and reuse. Equipment and surfaces should be cleaned using a household cleaning product identified by the EPA as effective against COVID-19, according to the product label.
- Ensure standard operating procedures for the containment and disposal of used PPE, to the extent your fire service agency has such procedures.
- Ensure standard operating procedures, in accordance with CDC guidance, for containing and laundering clothes are available and followed. Avoid shaking soiled clothes.
- Launder firefighting turnout gear, including gloves and hoods, in a washer/extractor at washing temperature of 140°F and use of an EPA approved laundry sanitizer, in accordance with NFPA 1851, if the gear has been exposed to a confirmed or suspect case of COVID-19.

## DAILY MONITORING AND RISK REDUCTION

All fire service agencies should implement risk reduction procedures consistent with this guidance, including but not limited to self-monitoring for symptoms (e.g. fever, cough, and shortness of breath).

## EXPOSED FIREFIGHTING PERSONNEL

The first course of action, both for assuring firefighter safety and minimizing virus spread, is to allow quarantine and isolation periods of 14 days. However, this temporarily reduces the pool of available workers. After exhausting backfilling and all other reasonable efforts to replace affected personnel, if emergency response capabilities will be adversely impacted (e.g., fire companies closed or crew sizes reduced) by the absence of these employees, Fire Service agencies may permit firefighting personnel exposed to, or recovering from, COVID-19 to work under the following conditions:

1. Operations: Firefighting personnel exposed to a confirmed or suspect case of COVID-19, or with confirmed or suspected COVID-19, can continue to work, **provided their absence would adversely impact the ability for the agency to continue to provide an appropriate level of response, and only in accordance with the following conditions:**
  - a. Asymptomatic contacts: Firefighting personnel who have had contact with a confirmed or suspected case of COVID-19 but display no symptoms.
    - Personnel who are asymptomatic contacts of confirmed or suspected COVID-19 cases should self-monitor twice-a-day both on- and off-duty (i.e. temperature and symptoms check). Asymptomatic personnel should be similarly monitored by agency personnel at the beginning of each shift and at least every 12 hours during the shift.

- Wear a facemask while working within 14 days after their exposure. The mask should be donned before entry into the workplace and before close contact with coworkers.
- b. Confirmed or Suspected COVID-19 cases: Firefighting personnel with confirmed or suspected COVID-19, based upon symptoms<sup>1</sup>, and who have maintained isolation for at least 7 days after illness onset, and have been at least 72-hours fever-free without fever-reducing medicines and with other symptoms improving. These requirements intended to minimize contagiousness, and may not address overall fitness for duty.
- Personnel who are recovering from COVID-19, but otherwise fit for duty, should wear a facemask for at least 14 days after onset of illness and until all symptoms resolve. The mask should be donned before entry into the workplace and before close contact with coworkers.
2. Reduced Risk Assignment. If possible, personnel working under these conditions should be preferentially assigned, whenever possible, to job functions that have less contact with others and the public. Staffing models may consider assigning firefighters together who are all in an exposed category, to reduce risk assignments. Crews may be assigned to work a slower response area with fewer public contacts. As this outbreak grows, all personnel permitted to work under the above conditions may be needed for any assignment.
3. Firefighting Personnel Becomes Symptomatic: Any personnel who develops symptoms consistent with COVID-19 should **immediately** notify their supervisor remotely (e.g. phone, radio, etc.), stop work, and isolate at home. Symptoms may be mild in the majority of cases, especially near onset. Mild symptoms consistent with COVID-19 should be assumed to be a result of the virus, until ruled out by medical professionals. Testing should be prioritized for these personnel. All personnel with symptoms consistent with COVID-19 should be dealt with as if they are infected, regardless of the availability of test results. These personnel may return to work after 7 days of isolation and being 72-hours fever-free without fever-reducing medicines and improving other symptoms, **provided their absence would adversely impact the ability for the agency to continue to provide an appropriate level of response.**

Fire Service agencies should promulgate specific directives to their personnel and firefighters that is consistent with this interim guidance. However, given the rapidly changing nature of this public health emergency and the critical mission of the fire service, agencies may adapt or

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<sup>1</sup> Symptoms include fever, cough, or shortness of breath. Some individuals may also have other mild flu-like symptoms like headache, malaise, sore throat, vomiting or diarrhea.

adjust their specific protocols and procedures to ensure appropriate staffing and effective operations.

For additional fire service guidance, visit the US Fire Administration website at:

[https://www.usfa.fema.gov/downloads/pdf/publications/first\\_responder\\_pandemic\\_operational\\_capabilities.pdf](https://www.usfa.fema.gov/downloads/pdf/publications/first_responder_pandemic_operational_capabilities.pdf). Call the Novel Coronavirus Hotline 24/7 at 1-888-364-3065 for additional guidance or visit the DOH's website at <https://coronavirus.health.ny.gov/home> or visit CDC's website at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.