

Crisis Strategies to Mitigate First Responder Staffing Shortages

The Delaware Division of Public Health Office of Emergency Medical Services (OEMS) has seen a significant increase in the number of exposures and positive COVID-19 cases in our first responder personnel, including ambulance companies, EMS agencies, fire companies, and law enforcement agencies. These increasing numbers has put a serious strain on First Responder operations and staffing in the State of Delaware.

The purpose of this document is to provide First Responder agencies with guidelines to use to develop agency-specific policies and procedures to address this crisis.

When staffing shortages reach a crisis level, First Responder agencies (in collaboration with agency human resources, infection control designated officers and any occupational health services) may need to implement crisis strategies to continue to provide emergency first response to their communities.

An agency must understand and comprehend the extreme risk taken when adopting these procedures, both to responder personnel, their families, coworkers, and to the public that they are sworn to serve, protect and keep safe. As such, THESE POLICIES ARE ONLY TO BE UTILIZED if/when the First Responder agency has demonstrated:

- A crisis-level staffing shortage exists that severely and critically interferes with public safety.
- A written infection control plan and policy that incorporates the Delaware Division of Public Health (DPH) and the Centers for Disease Control and Prevention (CDC) guidelines. These policies must address both response and in-station procedures.
- A history of strict enforcement of the plans and procedures, especially as they pertain to wearing masks, social distancing and sanitation procedures.

Mitigation Strategies

When there are no longer enough staff to provide safe response to the community, it may be necessary to modify the provision of first response during COVID-19.

1. Modified Resource Assignments

- Reduce multi-unit response unless clearly required.
- Implement mutual aid plans to have mutual aid agencies with adequate staffing respond.

2. Modified Personnel Policies

If a First Responder is **EXPOSED** to a Person with COVID-19 but is **asymptomatic** and has **not yet tested positive** may continue to work **IF** the following

- **Self-Monitoring:** First Responders are to monitor their temperatures twice a day and report any signs/symptoms (see below).
- **Facemasks:** First Responders are required to wear a medical-grade facemask (for source control) at all times while in the station or response vehicle, for 14 days after the exposure event. This is the time period during which an exposed responder might develop symptoms (see above).
 - **This must be a medical-grade facemask - NOT a cloth mask or a gaiter-style face covering.**
 - If First Responders must remove their facemask, for example, in order to eat or drink, they must separate themselves from others.
 - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
 - After this time period, First Responders should revert to their agency's policy regarding universal source control during the pandemic.

- **Testing:** With the increase in availability of community testing, individual providers are encouraged to utilize community test sites. (<https://coronavirus.delaware.gov/testing>) If a provider is having difficulty finding a community testing site they can also use the public health clinics. If calling a public health clinic, please identify themselves as a first responder so that the test can be prioritized for completion. If there is difficulty in getting an appointment or they are concerned that the test is not being prioritized please contact OEMS.
 - First Responders should seek testing 7-10 days after the suspected exposure, to allow for enough viral load to develop to show in a test.
 - **Testing has its limitations.** Testing only identifies the presence of virus at the time of the test. It is possible that First Responders can test negative because they are very early in their infection when their sample is collected. In such situations, they could become infectious later and transmit the virus to others; for this reason, repeat testing could be considered.

NOTE: If the responder develops any fever (measured temperature $\geq 99.5^{\circ}\text{F}$ or subjective fever) or other symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, shaking, chills, body aches, loss of taste and/or smell) they should immediately self-isolate (separate themselves from others) and notify supervisor/employer promptly so that they can coordinate consultation and PCR testing for COVID-19 if indicated.

3. Modified Station Policies

Each station/agency **MUST** have a policy in place and is being strictly enforced regarding the following:

- Facemasks for source control **MUST BE WORN AT ALL TIMES** except for eating or drinking.
 - **Cloth facemask are acceptable for day to day use with the following exceptions**
 - **During patient contacts**
 - **As listed above for the close contact of a positive person..**
 - If First Responders must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- **SOCIAL DISTANCING MUST OCCUR IN ALL PARTS OF THE STATION**, to include day rooms, kitchen/dining areas, apparatus bays, dormitories/sleeping quarters and other common areas.
- Social gatherings, visitors and off-duty visiting is to **NOT TO BE PERMITTED.**

First Responder who Tests Positive or is Symptomatic

Once a responder tests positive or becomes symptomatic, they must self-isolate for 10 days from the start of the symptoms. They cannot be permitted to respond on calls or be at the station during this time.

First Responders are not permitted to return to work before meeting all **Return to Work Criteria**. The responder must have 24 hours of symptom improvement with no fever while not taking fever-reducing medications **AND** a minimum of 10 days of isolation since first date of symptoms.

Upon returning, they must continue to adhere to all **Return to Work Practices and Work Restrictions** recommendations described in that guidance.

If a Responder is Employed by or Volunteers for More Than One Agency: The exposed or positive first responder has a moral obligation to inform all employers and agencies they respond with that they are either confirmed positive or are under quarantine due to an exposure.

If staff shortages occur due to positive tests or symptomatic staff, the agency should contact the Office of Emergency Medical Services immediately to discuss possible solutions.