

Each Fire Company should have a COVID-19 Infection Control Policy and Procedure in order to protect staff, their families and the public during this time. When developing your policy/plan, the Fire Department Safety Officers Association (FDSOA) recommends putting the following actions into the plan:

[Fire Department Safety Officer Association COVID-19 Safety Recommendations](#)

- Screen personnel when they are coming on duty and then 12 hours later (24-hour shifts). If they have 99.5°F temperature or signs/symptoms of illness, send them home. Ensure your Infection Control Officer is notified, if any personnel are identified.

NOTE: The Delaware Division of Public Health has defined a fever and sign/symptoms as: a 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)
Ensure your Infection Control Officer is notified, if any personnel are identified.

- Develop a maximum and minimum staffing level plan per type of apparatus for volunteer companies.
- Limit the number of members having patient contact to essential personnel only.
- Ensure personnel know when and how to don the appropriate PPE. Ensure supplies of PPE are available and create a reuse protocol for N95 masks based on CDC recommendations to manage limited supplies.
- Have your communications center implement a flu/COVID-19 screening process on calls. This information can be sent to responders while en route to the call so they can don their PPE prior to making patient contact.

NOTE: Dispatchers are currently doing this.

- When personnel respond to emergencies, have them slow down and assess the scene before entering. Sometimes the unknowns can be patients with flu-like symptoms. This will allow them to stop and don PPE prior to entering the building.
- A mask should be placed on patients you are concerned about potentially having the illness.
- Limit personnel entering the hospital at time of transfer of care and other needs to visit the hospital.
- Allow units to temporarily go out of service to clean their unit, uniform and shower if they run a patient with flu/COVID-19 signs and symptoms. Ensure an exposure form has been completed for tracking purposes.
- If personnel are off duty they should not be in the station/admin facilities.
- Eliminate in-person, non-essential meetings. Use teleconferencing if possible. Promote telecommuting for non-essential personnel.
- Utilize social distancing while on duty.
- Eliminate social functions (bingo, pancake breakfast, company meetings, allowing the public into the station for station tours).
- If there isn't a plan for reductions in workforce, then work to create one--this should be part of your COOP.

NOTE: COOP = Continuity of Operations Plan

- Have a plan to quarantine personnel if directed (where will they go, what leave status will they be placed on, food, etc.). For volunteer companies with live-ins, have a plan to relocate them if they become ill.
- Continue to promote hygiene practices and cleaning of works spaces.
- 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 your EVT mechanics are aware of the need to clean all apparatus.
- Ensure that there is a plan if personnel test positive for COVID-19, i.e., a plan for communication and potential coverage during the quarantine period.
- Cease the use of humidifiers in stations/bunk rooms.
- With all the disaster declarations, work with budget/procurement personnel to track all purchases such as PPE for possible reimbursement.
- Work to have “one voice” sending information to the department. All formal messages/direction on COVID-19 should come from one person. This way it avoids duplication and possibly contradictory information. Reference of information should be from a reputable and consistent source, i.e., CDC.
- If your organization hasn’t set up an IMT for this situation, recommend one be established. If one is set up, make sure you have an HSO/ISO representative on it.

Other resources for policy development:

[US Fire Administration](#)

[National Volunteer Fire Council](#)

[Centers for Disease Control and Prevention \(CDC\)](#)