

Ocean City Fire Department
Fire Chief's General Order

FCGO: 20-004

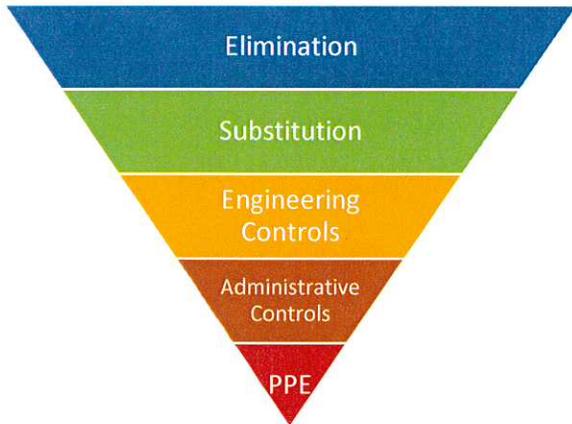
Wednesday, March 18, 2020

Page | 1 of 2

TO: ALL OCFD Personnel
FROM: Fire Chief Richard R. Bowers, Jr.
SUBJECT: COVID-19 Operations



The Ocean City Fire Department is on the front lines during the spread of SARS-COV-2, better known as Coronavirus Disease 2019 (COVID-19). To ensure the health of employees, members, their families, and the citizens, OCFD has adopted procedures to reduce risk of infection without hindering response or staffing. The COVID-19 situation is continuously being monitored and all parties are involved in planning and executing the department's response: chief staff, FMO, career staff, OCVFC, and the IAFF. Using the industry standard *hierarchy of hazard control*, OCFD has acted at every level to reduce risk.



Elimination: Remove the hazard.

Substitution: Replace the hazard with something non-hazardous.

Engineering Controls: Isolate people from the hazard.

Administrative Controls: Change the way people work.

PPE: Protect the worker with protective equipment.

Elimination

- All stations are closed to the public. Doors remain locked at all times. Visitors must knock or use the emergency red fire phone before gaining access. Only city contractors and visitors with necessary, legitimate business are admitted.
- Nighttime classes and large meetings have been cancelled.
- Staff (career and volunteer) will not be at the station unless on official business or immediately before and after a call.
- As always, shower and laundry facilities are available in all stations. Shower before leaving work or as a live-in member immediately upon returning from work or school. Wash bedding between shifts and live in-members every third day. Wash uniforms or clothes worn (volunteer) at the station or place in a plastic bag when leaving the station.
- A personnel wellness check will be completed for any career employee or volunteer live-in member, or when assigned to a duty crew standby until further notice. Please see the attached OCFD wellness check document.
- Those with signs and symptoms of COVID-19 infection or those having had a high-risk exposure may not report to work or a live-in member, and may be asked to quarantine.
- Use proper hand washing technique frequently. Use alcohol-based hand rubs (ABHR) available in station and on all apparatus.
- Disinfect living areas daily.
- Personnel are to complete a First Report of Injury (only one FRI for each incident response) and individual Town of Ocean City Exposure Report.

Substitution

- Necessary meetings have been replaced with conference calls whenever possible.

Engineering Controls

- A physical barrier has been placed between ambulance cabs and the patient compartment.
- Utilize the power vent when transporting patients.

Administrative Controls

- Practice *social distancing*. Do not congregate in large groups. Stay at least six feet apart from other people. Do not exchange physical gestures such as handshakes, hugs, and fist bumps.
- Employees will be monitored for signs and symptoms of infection when reporting for work.
- Employees and live-in members will be monitored for signs and symptoms of infection following an exposure or when signs and symptoms are present. Employees may only return to work or live-in members to their station assignment, when certain criteria are met. (i.e. negative test results, resolution of symptoms, sufficient time has passed since exposure)
- Only EMS providers will make patient contact. OCPD still responds on all calls but will no longer be approaching the patient unless requested by EMS. Firefighters will not make patient contact unless instructed by EMS and with appropriate PPE.
- Firefighters and administrative staff will be given an awareness level training in order to continue to operate without endangering themselves or impeding efforts to reduce infection.
- EMS providers will utilize social distancing to reduce disease transmission from patients.
 - Providers will maintain a distance of 6 feet from patients except when necessary for assessment and interventions.
 - One provider will make initial contact (within six feet—a provider should not approach a patient without their crew) and ensure enhanced PPE is not required.
- In the event there is a positive test result for COVID-19, WCHD will notify OCFD.
- Ambulances and equipment are fully disinfected at the start of each shift and after any PUI.

Personal Protective Equipment (PPE)

- In spite of national shortages of all necessary PPE, OCFD has sufficient PPE to prevent any medium and high-risk exposures from patients while supply chains are restored. Personnel issued an N95 mask are to place the mask in the small paper bag provided and write their name on it. It will be stored at the station after each shift by the employee or volunteer member that is issued an N95.
- All EMS providers will wear a surgical mask or N95 and ANSI approved eye protections during every patient encounter.
- N95 masks for providers are for multi patient use except after treating a PUI or after aerosol generating airway procedures. They must be discarded appropriately as contaminated medical supplies.
- Ocean City Communications is screening 911 calls for potential COVID-19 patients. If the caller is a potential PUI, Communications will announce “UNIVERSAL PRECAUTIONS” during their report indicating full PPE should be donned prior to patient contact.
- Full PPE for PUI and patients with COVID-19 are N95 mask, ANSI approved eye protection, gown, and gloves.
- Patients with COVID-19 and PUI will wear a face mask.
- Family and friends will not be transported with PUI unless absolutely necessary.

This is an inclusive list of major changes to operations. This is a very dynamic situation with severity, government interventions, and recommended best practices changing daily. Updated training and the Department’s Concept of Operations will be released in the very near future.

Be prepared for any contingency. Report to work with sufficient food, clean uniforms, medicine, toiletries, and personal effects. **Part time employees—check your schedules and update your availability daily.**

OCEAN CITY FIRE DEPARTMENT – EMPLOYEE WELLNESS CHECK

Employee: Station:	Date & Time:
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Page 1 of 2: Health Status
Please Answer “Yes” or “No”. If “Yes,” Give Details.

Do you currently have the following?	Details	
Fever of 100.4 degrees F?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANY ONE OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.

Do you currently have the following?	Details	
Muscle aches and pains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nonproductive cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Runny nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nausea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANY TWO OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.

Do you currently have the following?	Details	
Hives/eczema/rash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Numbness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dizziness/Fainting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Headaches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Irritated Eyes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sinusitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nose bleeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheezing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coughed up any blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SOB w/out reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you cough every day, especially in the morning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pain or tightness of chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indigestion, pain, or unusual burning in stomach?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vomiting of blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bloody / tarry bowel movements	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OCEAN CITY FIRE DEPARTMENT – EMPLOYEE WELLNESS CHECK

Page 2 of 2: Health Status		
Please Answer “Yes” or “No”. If “Yes,” Give Details.		
Do you currently have the following?	Details	
Bladder or kidney infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Burning or discomfort on urination, or frequency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood in urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other symptoms which you have not been asked about?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

On Coming Employee Signature

Typed Name is considered the signature
