



# SFMD DIRECTIVES COVID-19 PANDEMIC

## Table of Contents

2020-000 Sick Employee Monitoring Directive .....	2
2020-002 COVID-19 Dispatch Directive .....	5
2020-003 TSP Temporary Emergency Compensation for Sick Usage Directive .....	7
2020-004 Personal Protective Equipment Distribution Directive .....	8
2020-005 Families First Coronavirus Response Act (FFCRA).....	9
2020-006 COVID-19 Emergency Staffing Plan .....	10
2020-007 SFMD Facility Use (COVID-19) .....	11
2020-008 Decontamination .....	12
2020-009 Employee Temperature Monitoring .....	18





## 2020-000 OPERATIONAL DIRECTIVE

### Superstition Fire & Medical District

March 30, 2020 | Revised July 27, 2021 | Revised 8/2/2021

**Subject: Sick Employee Monitoring Directive**

The following is the updated procedure for sick time use related to possible COVID-19 symptoms while either on-duty or off-duty and pertains to suppression and transportation services personnel (TSP).

#### CHANGES

- Symptomatic Health Care Providers fall under the Center for Disease Control (CDC) “PRIORITY 1” group where COVID-19 testing is now available
- Symptoms consistent with COVID-19 include fever >100.0 F or subjective fever and/or cough, sore throat and shortness of breath. (\* see CDC symptom list at bottom of document)

#### OFF-DUTY

If an employee is at home and begins to feel symptoms consistent with COVID-19 whether you are vaccinated or not, **DO NOT COME TO WORK.**

- **Suppression-** Contact on-duty BC to add sick time in TeleStaff
- **TSP-** Contact On-Duty BC (TSP Directive 2020-003)
  - Attempt to isolate yourself at home, wear a mask if available.
- Send an email to the “Exposure Reporting” [exposure.reporting@sfmd.az.gov](mailto:exposure.reporting@sfmd.az.gov) group with the following information:
  - Name
  - Symptoms
  - Onset Time & Date
  - Get A Covid PCR test. Options for testing;
    - Call East Valley Wellness 480-373-2399 and get an order for testing at MVMC (Monday thru Friday 0900-1200)
    - Call Banner Occupational Health at (602) 839-4456 option 1 to schedule an appointment (MondayFriday 0730-1545)
    - Call Alex Dupuis at (480) 540-8570 to schedule a time at his practice
    - Call your primary care physician
    - Call any authorized testing center near you
- Send an email to the “Exposure Reporting” [exposure.reporting@sfmd.az.gov](mailto:exposure.reporting@sfmd.az.gov) group when you have completed the testing visit.
- Send an email to the “Exposure Reporting” [exposure.reporting@sfmd.az.gov](mailto:exposure.reporting@sfmd.az.gov) group when you obtain results (24-72 hrs) and include results, along with an estimated “return to work” date.
  - **\*\*[See CDC return to work requirements](#)**

## **ON-DUTY**

If an employee is at work and begins to feel symptoms consistent with COVID-19:

- Immediately put on a mask
- Immediately Isolate from coworkers
- Do not engage in patient treatment or interaction with the public.
  - Maintain social distancing
- Notify your supervisor and BC to assist you with sending you home to isolate and recover
  - Workmen's Compensation forms are required to be completed

**NOTE:** At any time, if an employee feels someone at work appears ill, and is not following the outlined procedure, encourage them to put on a mask and notify their supervisor. If you feel anyone is creating an unsafe workplace, notify your supervisor and/or the on-duty Battalion Chief.

## **SICK FAMILY**

If you have a family member with a fever, cough, and/or signs of COVID-19 call the family member's physician for guidance. You can come to work if you are not symptomatic. If you feel the family member requires your attention, you should utilize normal sick time procedures (Call on-duty BC). If you have a family member in your household that is ill and has tested positive for COVID-19 and you have not been vaccinated, **DO NOT COME TO WORK.** \*\*Call the on-duty BC for further guidance regarding a return-to-work process.

### **Returning to Work**

Return to Work Criteria for Health Care Professionals (HCP) with confirmed or suspected COVID-19 symptoms (CDC Guidelines). The following strategies are to determine when the HCP may return to work:

#### **Non-test-based strategy:**

Exclude from work until:

- At least 10 days have passed since symptoms first appeared **and**
- At least 1 day (24 hours) have passed since recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)

Reference: [Return-to-Work Criteria for Healthcare Workers | CDC](#)

## **SYMPTOM LIST**

- Loss of taste or smell
- Elevated temperature  $\geq 99$  or subjective fever. Fever may be intermittent or not present.
- Respiratory symptoms - cough, shortness of breath.
- Sore throat, muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue, malaise.
- If you or any members of your crew have symptoms that you are unsure about, contact the on-duty BC.

COVID-19 PCR testing is an important step in providing for the safety of SFMD employees and in the possible recovery of SFMD expenditures through insurance and federal reimbursement programs. If you have difficulty scheduling a COVID PCR test, please call the on-duty BC.

If you have any questions, please forward them through your chain of command.



## 2020-002 OPERATIONAL DIRECTIVE

### Superstition Fire & Medical District

March 16, 2020 | Revised July 27, 2021 | Revised 8/2/2021

**Subject: COVID-19 Dispatch Directive**

Due to ongoing COVID-19 (Coronavirus) concerns, SFMD is making temporary operational changes to reduce the risk of exposure to our personnel. The following procedures are to be followed:

1. Mesa Regional Dispatch Center (MRDC) Triage:
  - a. MRDC will triage calls for suspected COVID-19 patients having cough and fever symptoms. MRDC will inform responding crews through CAD notes premise information.
  - b. MRDC may not be able to identify all COVID-19 patients through triage efforts.
2. On-Scene Triage:
  - a. Limit crew members that will enter the residence, wearing **P100 mask or N95**, gloves, and eye protection to perform rapid triage while screening for cough and fever.
  - b. A positive COVID-19 screen is a patient report of cough and potential fever.
    - i. If patient requires immediate intervention, all crew members enter with appropriate PPE to treat patient.
    - ii. If positive COVID-19 screen, limit provider contact, place a surgical or KN95 mask on patient (make every attempt to bring patient outside or well-ventilated area for treatment).
      1. Vitals and pertinent information can be obtained by the initial provider (this minimizes exposure contact). If assistance is required, additional provider(s) can assist with same level of PPE as initial.
    - iii. If performing aerosolized procedures (intubation, BI-PAP, C-PAP, nebulizing treatments) maximum PPE should be utilized, including gowns or ponchos (limited supply).
  - c. Assume all patients are potentially positive for COVID-19
3. As supported by our Medical Director, patients with suspected COVID-19 signs and symptoms who refuse to wear a mask can be considered a refusal patient unless the patient has a documented mental or physical disability that prevents mask usage.
  - a. **\*\*This can only be approved through on-line medical direction and must be documented thoroughly on EPCR.**
  - b. Limit provider contact.
  - c. Hospitals will not accept suspected COVID-19 patients who are not wearing a mask.

4. If patient screens positive, and is stable, then alternative transportation and destinations should be considered.
  - a. Transportation methods may include: POV, friend, family, etc.
  - b. Destinations may include: Primary Care offices, Urgent Care facilities, and freestanding ER's.
5. Ambulance Transports:
  - a. During the transport of positive screen COVID-19 patients, drivers will wear P100 mask or N95 and clean gloves.
  - b. Patient attendant will wear P100 mask or N95, gloves, and eye protection.
    - i. Attendant will notify receiving facility of transporting positive screen COVID-19 patient.
    - ii. Turn on patient compartment ventilation system prior to loading the patient into the ambulance
  - c. DO NOT transport suspected or confirmed COVID-19 family members in ambulance if not necessary
    - i. If needed, family members should wear a mask and understand the risk of potential exposure. Document this information in EPCR.
6. Decontamination:
  - a. After transport, ambulance and EMS gear (including driver compartment) need to be thoroughly disinfected before going back into service.
    - i. Decontamination procedures include application of spray-on disinfectant (bleach or Lysol) and allowing surfaces to air dry.
7. Because of limited availability, PPE distribution will be conducted by the Battalion Chiefs.
  - a. CDC recommendations (confirmed by Medical Director) state N95 masks can be reused when available.

These procedures are subject to change as new information becomes available. Our goal is to keep you informed with the most accurate information to protect your health and safety in this rapidly evolving public health crisis.



# **2020-003 OPERATIONAL DIRECTIVE**

## **Superstition Fire & Medical District**

March 24, 2020 | *Revised June 22, 2020* | **EXPIRED 8/2/2021**

**Subject: Transportation Services Temporary Emergency Compensation for Sick Usage Directive**



# 2020-004 OPERATIONAL DIRECTIVE

## Superstition Fire & Medical District

March 25, 2020 | Revised July 27, 2021 | Revised 8/2/2021

**Subject: Personal Protective Equipment (PPE) Distribution Directive**

### **Background:**

This is a temporary directive in response to the current COVID-19 pandemic. It is designed to address the use, reuse, distribution, storage, and maintenance of Personal Protective Equipment (PPE).

### **P-100 Respirators:**

P-100 respirators have been distributed to all field personnel and are the highest level of respiratory protection available to employees.

### **N95 Masks:**

Issued as available. [CDC re-use guidelines](#).

### **Eye Protection:**

All employees have already been issued a pair of safety glasses. These need to be re-used as many times as possible. Can be cleaned with soap and water or alcohol.

### **Protective Gown:**

Every station has been issued PPE Gowns or ponchos. These are one-time use and disposable. Contact BC for replacement.

*\*\* When gowns run out, disposable rain ponchos will be issued. (Further instructions to follow).*

### **Storage and Maintenance:**

Each station will be supplied with small paper bags to store your N95 in. After each use, get a new paper bag to store your mask until the next use. Do not place your used N95 in a fanny pack or other storage device. **\*\*ONLY STORE MASK IN PAPER BAG**

Each employee is responsible for maintaining their own PPE. If your mask strap breaks make every effort to repair it.

Each station has been issued a grey washbasin to be used for decontaminating your safety glasses. The CDC recommends a 1:10 ratio of bleach to water and let the safety glasses soak for 1 minute.

This distribution system will remain the same until supply chains are restored (one N95 per set). If your mask or safety glasses become unusable (contaminated with blood, body fluid, or damaged beyond repair), report this issue to the station Captain, who will contact the BC for replacement.





## **2020-005 OPERATIONAL DIRECTIVE**

### **Superstition Fire & Medical District**

April 6, 2020 | *Revised June 22, 2020* | **EXPIRED 8/2/2021**

**Subject: Families First Coronavirus Response Act (FFCRA)**



## 2020-006 OPERATIONAL DIRECTIVE

### Superstition Fire & Medical District

April 9, 2020

**Subject: COVID-19 Emergency Staffing Plan**

**Current guidelines state SFMD will maintain minimum staffing levels of 85% for emergency apparatus. In the event of prolonged vacancies due to illness or other critical events the following plan may be utilized.**

- The goal for minimum staffing is to call back overtime until 85% staffing is reached. If the duration of positional vacancies is longer than expected, the goal may be reassessed.
- Every effort shall be made to staff suppression units with a minimum of 2 medics
- Every effort shall be made to staff medic units with minimum of 1 medic
- Personnel may be moved from bid positions for organizational staffing needs.
- The BC/BSO may consider factors like volume of transports when staffing ambulances.
- If levels drop below 85% or greater the staffing will be at the discretion of the fire chief.

#### **SFMD staffing priorities:**

- Fire suppression – Staff all engines (4) and ladders (2)
- Staff BC – Staff with BC and BSO
- EMS – Staff 4 ambulances

#### **Analysis of Resources:**

1. 4 engines = 16 positions per shift, 50% ALS. 48 positions for all three shifts
2. 2 ladders = 8 positions per shift, 50% ALS, 24 positions for all three shifts
3. 4 ambulances = 8 positions per shift, 50% ALS, 24 positions for all three shifts
4. BC Unit = 2 positions, 1 BC and 1 BSO per shift, 6 positions for all shifts

34 positions per shift, 102 total positions on all shifts

#### **Emergency Staffing Plan:**

If levels drop below 85% or greater the staffing will be at the discretion of the fire chief based on the following considerations

- A. Suspend activities which may result in unit OOS. Including non-essential calls for service.
- B. Call in overtime
- C. Place training captain on the shift with lowest count if not already reassigned
- D. Initiate mandatory overtime procedures
- E. Cancel vacation in the following order, as necessary;
  - a. voluntary cancelations
  - b. by member with least seniority, organizational need may be factored
  - c. cancel all vacations



# 2020-007 OPERATIONAL DIRECTIVE

## Superstition Fire & Medical District

April 13, 2020 | *Revised June 22, 2020* | **EXPIRED 8/2/2021**

**Subject: SFMD Facility Directive (COVID-19)**



# 2020-008 OPERATIONAL DIRECTIVE

## Superstition Fire & Medical District

April 14, 2020

**Subject: Decontamination**

### **Background:**

The purpose of this policy is to describe actions necessary to rapidly clean and disinfect personnel, equipment, apparatus, and shared work areas. The intent of these actions is to better protect each other while preserving SFMD's ability to provide essential services to the community.

### **COVID-19 Decontamination Process**

#### **Routine decontamination:**

- Crews should disinfect apparatus and stations every morning as part of normal station duties while wearing appropriate PPE.
- Apparatus and stations should be disinfected at regular intervals commensurate with call volume for that unit and/or station. *The virus can live on hard surfaces for a minimum of 2-8 hours, and it is unknown how long it can viably float in the air.* Busy stations should consider disinfecting commonly touched surfaces several times a day (after each meal), while slow stations might only disinfect twice a day. Let your station activity drive this decision.
- All non-essential items (map/plat books, extra paperwork, and other porous material) should be removed from the cab of apparatus to lessen surfaces for the COVID-19 virus to linger and to make the disinfecting process more effective and streamline.
- EMS glove boxes should be placed inside zip-lock bags (to minimize porous surface exposure of the box)
- Dash mats should be removed from the transportation apparatus to facilitate the disinfecting process.
- Apparatus cab floors should be sprayed with appropriate germicidal cleaner using care not to spray any sensitive electrical equipment. All frequently touched surfaces like MCT keyboard, portable radios, headsets, door handles, seatbelt hardware, etc. should be wiped down with appropriate germicidal cleaner.
- EMS gear boxes and metal folding chairs should be sprayed with appropriate germicidal cleaner and allowed to air dry before returning them to the apparatus.
- The apparatus compartment used to store the EMS boxes should be disinfected using the appropriate germicidal cleaner.
- Station floors (including bay) should be mopped using hot water and an appropriate germicidal solution (not diluted pine-sol).

- All frequently touched surfaces in and around the station should be sprayed and/or wiped down with appropriate germicidal cleaner. Ex- door handles, phones, remotes, tables, chairs, keyboards, and refrigerator handles.
- **Disposable food prep gloves should be utilized for cleaning purposes.**
- Wash hands with soap and water, scrubbing for at least 20 seconds\* after finishing disinfecting procedures.

When you or your crew experiences **an encounter with a suspected positive COVID-19 patient**, please utilize the following process immediately after patient care has been addressed:

### **Suppression crews:**

- Have one designated member of the crew doff soiled gloves and don new cleaning gloves (disposable food prep gloves) to handle appropriate germicidal cleaner.
- Designated crew member will then spray down all EMS equipment boxes that were potentially contaminated using an appropriate germicidal cleaner.
- Allow cleaned EMS boxes to air dry in their appropriate compartment on the apparatus.
- Designated crew member will then spray off the bottoms of crew member's boots prior to any crew member entering the cab of the apparatus.
- All crew members doff PPE in accordance with proper doffing procedures.
- Wash your hands using soap and water, scrubbing for at least 20 seconds. \*
- Return in service

### **Transportation crews:**

- Apparatus should be disinfected following the routine disinfecting procedure while still at the hospital.
- Disinfect equipment and unit as needed while in your EMS PPE.
- Spray floor and other hard surfaces in patient care compartment (using care not to spray sensitive electronic equipment) with appropriate germicidal cleaner and allow it to remain wet for recommended time frame dependent on cleaning solution then allow surfaces to air dry.
- Wipe down all commonly touched surfaces in the cab portion of the apparatus.
- Ensure proper ventilation while using cleaners.
- Doff PPE in accordance with PPE doffing procedure.
- Wash hands with soap and water, scrubbing for at least 20 seconds.\*
- Return in service.

### **Upon return to quarters:**

- Put on a clean uniform.
- Immediately wash all soiled uniforms. \*\*
- Do not shake soiled uniform items while transporting them to be washed.
- Wash uniform items in the warmest water appropriate for garment.
- Disinfect all containers that housed soiled laundry.
- Wash hands with soap and water, scrubbing for at least 20 seconds.\*

When you or your crew experiences an **encounter with a known COVID-19 positive patient** follow all steps outlined for a *potential exposure* plus the following:

### **Suppression crew:**

- Place apparatus out of service and notify BC/BSO.
- Prior to going en-route back to quarters, crews should doff PPE except for N95 and don food prep gloves.
- Utilize N95 while en-route to quarters and in the confined space of the apparatus with other contaminated crew members.
- Apparatus should be disinfected following the routine disinfecting procedure.
- Doff all PPE and store/discard appropriately.
- Wash hands with soap and water, scrubbing for at least 20 seconds.\*
- All crew members should shower and don a clean uniform.
- Place unit back in service.

### **Transportation crews:**

- Apparatus should be disinfected following the routine disinfecting procedure while still at the hospital.
- Follow up with your station Captain to let them know you are returning to quarters following a known exposure.
- Utilize N95 while en-route to quarters and in the confined space of the apparatus with other contaminated crew members.
- Utilize patient care compartment vent fan to increase airflow through apparatus.
- Upon return to quarters, all commonly touched surfaces in apparatus cab should be disinfected again.
- Doff PPE and store/discard appropriately.
- Wash hands with soap and water, scrubbing for at least 20 seconds.\*
- All crew members should shower and don a clean uniform.

- Place unit back in service.
- Transportation crews should consider creating a grab and go bag containing a clean uniform, baby wipes, and a trash bag for soiled uniform items to facilitate changing uniforms in the case that going out of service to return to quarters following an encounter with a COVID-19 patient to shower is not practical due to extremely high call volume.

This section should be referenced when disinfecting areas including but not limited to SFMD's regional training center, administrative offices, annex, boardroom, and conference areas.

### **Disinfecting other SFMD facilities:**

- All commonly touched non-porous surfaces should be disinfected daily using an appropriate disinfecting cleaner. Ex- desks, tables, countertops, refrigerator handles, phones, keyboards, light switches, drawer pulls, etc.
- If available, an alcohol-based cleaner (at least 70% alcohol) and extra care should be used when disinfecting sensitive electronic devices.
- Non-porous floors should be mopped with a 1:10 bleach solution or other appropriate germicidal disinfectant.
- Carpeted floors should be vacuumed utilizing a HEPA vacuum bag. While vacuuming consider limiting the number of people in the area, using a facemask and opening windows and doors to facilitate increased air circulation.
- Use appropriate PPE for the type of cleaning you are doing (when unsure follow manufactures label).
- Doff PPE and store/discard in an appropriate receptacle outside the building.
- After finishing disinfecting procedures or if switching tasks, wash hands with soap and water, scrubbing for at least 20 seconds. \*

### **Disinfecting solutions and time requirements-**

- Waxie germicidal bleach-  $\frac{3}{4}$  cup per gallon, keep surface wet for 5 min.
- Standard bleach- 4 teaspoons per quart or  $\frac{1}{3}$  cup per gallon, keep surface wet for 10 min.
- Bleach solutions loss efficacy after 24 hours.
- Pine-sol- not all pine-sol can be used as a disinfectant. Read label
- Strike-back- 1oz per gal. Keep surface wet for 10 min- remix daily and discard in accordance to label.
- HDX all-purpose cleaner with bleach- use full strength, let stand for 1 minute.
- Clorox wipes- Use wipe at full strength- surface must remain visibly wet for 4 minutes.
- Zep antibacterial disinfectant- use at full strength, keep surface wet for 2 minutes.
- p.a.w.s. antimicrobial wipes- keep hands wet for 15 seconds.
- PDI Sani-Hands- N/A

- Sanizide-use at full strength, keep surface wet for 2 minutes.
- Follow packaging directions for any other disinfecting product.

**Equipment available:**

- Painters' rags (red) and white lint-free cleaning rags- for wiping down surfaces around the station. These are to be laundered at the station.
- Handheld spray bottles to be used for general disinfecting around station and apparatus.
- 1 gal HDX chemical sprayers (one per front line apparatus). These are to be used for spraying down EMS gearboxes, metal folding chair, and apparatus floors only.
- Disposable, cost-effective food prep gloves for cleaning.

**Other thoughts for consideration:**

- Minimizing the number of employees participating in disinfecting procedures at any given time will help stretch the available supply of PPE required to carry out the process.
- Consider opening station windows when possible to allow for increased airflow.
- Consider driving with apparatus windows down to allow for increased airflow and lessen exposure risks to and from crew members.
- Consider using washable cloth facemask while in apparatus and in station to lessen possible exposure to and from crew members.
- Any contaminated (either known or presumed) PPE that is going to be discarded should be placed in an appropriate container outside of the station.
- Use all disinfecting solutions in accordance with the manufactures label. More is not better!
- Do not mix disinfecting solutions in the same bottle/container!
- Disinfect washing machines by using ½ cup bleach in the bleach dispenser and the extra rinse cycle of the machine.
- Crews should minimize cross contamination by utilizing station shoes.
- Food service prep gloves should be used to don/doff PPE and for all disinfecting procedures.
- Cloth face masks should be washed at the end of each tour of duty. Wash mask utilizing the warmest setting appropriate to minimize contaminates and to ensure a clean mask for the follow work period.



## References

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

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# 2020-009 OPERATIONAL DIRECTIVE

## Superstition Fire & Medical District

July 16, 2020 | *EXPIRED 8/2/2021*

**Subject: Employee Temperature Monitoring**