



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

Revised August 7, 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 before you get medical care. If it is an emergency, call 911 and notify them that you are seeking care for symptoms of COVID-19. Most people with COVID-19 have mild illness and can recover at home without medical care. As much as possible, stay in a specific room and away from other household members and use a separate bathroom. If you need to be around others, wear a cloth face covering. Stay home except to get medical care, and avoid public transportation, ride sharing, or taxis.
- Keeping your hands clean by washing them often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Avoiding touching your eyes, nose, or mouth with unwashed hands.
- Avoiding close contact with others. Stay at least 6 feet from other people who do not live in your household. Some people without symptoms may be able to spread virus.

- Covering you mouth and nose with a cloth face cover when in public setting and when around others who don't live in your household, especially when social distancing is difficult to maintain.
- 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.
- Cleaning and disinfecting frequently touched surfaces and equipment daily. If surfaces are dirty, use detergent or soap and water prior to disinfection.
- Monitoring your health daily. Be alert for symptoms. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19. Take your temperature if symptoms develop, and stay home except to get medical care.

### **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; provided, however, that acceptable face coverings are worn, where possible, when in close contact.
- 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 document that individuals are symptom-free, and monitor for symptoms at least every 12 hours during the shift.

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

- 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.
- Whenever possible, wear an acceptable face covering and avoid close contact with others, especially those who are sick. At least a six-foot distance is recommended.
- 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 a building fire 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>.
- Wear PPE, when within six feet for any length of time with the public, of at least a face covering. If close contact, appropriate PPE should be worn. Fire service agencies should ensure to the best of their ability that PPE is available and accessible for members, based upon availability of equipment and prioritization directly for those providing life-saving measures.

- PPE may include disposable exam gloves, an approved facemask, a fluid resistant gown or suit, and/or eye protection, such as goggles, as appropriate.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have close contact with an individual who may have symptoms of COVID-19.
- 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 face covering when responding to all appropriate calls. Do not use damaged or soiled masks.
- Clean and disinfect firefighting equipment and reusable 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.
- Utilize standard operating procedures for the containment and disposal of used PPE.
- Utilize 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:

- Screening for [symptoms](#) (e.g. fever, cough, or shortness of breath) prior to each shift and every 12 hours during a shift,
- Screening for close contact with a person who is confirmed or suspected for COVID-19 within the last 14 days, and
- Screening for travel within the last 14 days to an area, domestic or international, where a 14-day quarantine is required or expected upon return.
  - For the most recent information on the travel advisories in effect at the federal- and state-level, as well as the precautions for essential workers, please visit the Department’s COVID -19 Travel Advisory [website](#) and the CDC’s Returning from International Travel [website](#).

## **EXPOSED OR RECOVERING FIREFIGHTING PERSONNEL**

The first course of action, both for assuring firefighter safety and minimizing virus spread, is to allow quarantine periods of 14 days following an exposure or high-risk travel. However, this precaution may temporarily reduce 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 to the point where the agency cannot continue to provide an appropriate level of response, Fire Service agencies should refer to the following guidance when determining when, and with what precautions, personnel can return to work after exposure, high-risk travel, or being a confirmed case:

1. Operations: Firefighting personnel who:

a. Have been exposed to a confirmed or suspect case of COVID-19:

- o Department's [Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure](#), which, as of the date of issuance, provides that "if such an employee is deemed essential and critical for the operation or safety of the workplace, upon a documented determination by their supervisor and a human resources (HR) representative in consultation with appropriate state and local health authorities, the exposed, asymptomatic employee may return to work so long as the employee adheres to the following practices prior to and during their work shift, which should be monitored and documented by the employer and employee:

1. Regular monitoring: The employee must self-monitor for a temperature greater than or equal to 100.0 degrees Fahrenheit every 12 hours and symptoms consistent with COVID-19 under the supervision of their employer's occupational health program.
2. Wear a mask: The employee must wear a face mask at all times while in the workplace for 14 days after last exposure.
3. Social distance: The employee must continue social distancing practices, including maintaining, at least, six feet of distance from others.
4. Clean and disinfect workspaces: The employer must continue to regularly clean and disinfect all areas, such as offices, bathrooms, common areas, and shared electronic equipment.
5. Maintain quarantine: The employee must continue to self-quarantine and self-monitor for temperature and symptoms when not at the workplace for 14 days after last exposure."

b. Have traveled within the last 14 days to an area, domestic or international, where a 14-day quarantine is expected upon return:

- o Department's [Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel](#), which, as of the date of issuance, provides exemptions and precautions for first

responders and essential workers who are arriving, or returning to, New York for greater than 36 hours, including but not limited to:

- “Essential workers should seek diagnostic testing for COVID-19 as soon as possible upon arrival (within 24 hours) to ensure they are not positive.
- Essential workers should monitor temperature and signs of symptoms, wear a face covering when in public, maintain social distancing, clean and disinfect workspaces for a minimum of 14 days.
- Essential workers, to the extent possible, are required to avoid extended periods in public, contact with strangers, and large congregate settings for a period of, at least, 14 days.”

c. Have confirmed or suspected COVID-19:

o Department’s [Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure](#), which, as of the date of issuance, provides that:

- “If an employee tests positive for COVID-19, regardless of whether the employee is symptomatic or asymptomatic, the employee may return to work upon completing at least 10 days of isolation from the onset of symptoms or 10 days of isolation after the first positive test if they remain asymptomatic.
- If an employee has had close or proximate contact with a person with COVID-19 for a prolonged period of time AND is experiencing COVID-19 related symptoms, the employee may return to work upon completing at least 10 days of isolation from the onset of symptoms.

\* The New York State Department of Health considers a close contact to be someone who was within 6 feet of an infected person for at least 10 minutes starting from 48 hours before illness onset until the time the person was isolated. The local health department should be contacted if the extent of contact between an individual and a person suspected or confirmed to have COVID-19 is unclear.”

2. Reduced Risk Assignment. If possible, personnel working under the conditions of 1(a) and 1(b) 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 10 days of isolation and being 72-hours fever-free without fever-reducing medicines and improving other symptoms.

These guidelines are based on the best-known public health practices at the time of issuance, and the documentation upon which these guidelines are based can and does change frequently. Please note that where guidance in this document differs from other guidance documents issued by New York State for first responders, including fire service personnel, the more recent guidance shall apply.

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

#### **ADDITIONAL RESOURCES**

- [New York State Department of Health COVID-19 Website](#)
- [United States Centers for Disease Control and Prevention COVID-19 Website](#)
- [United States Fire Administration COVID-19 Resources for Fire and EMS Website](#)