

# MISSOULA FIRE DEPARTMENT

COVID-19 Response Plan





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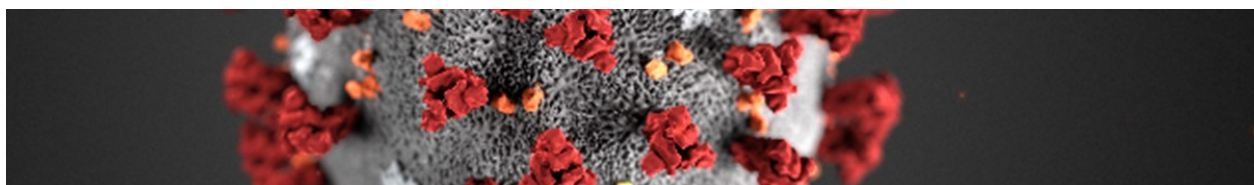
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## *Helpful Web Links:*

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### **Missoula City/County COVID-19 Joint Information and Resources Page:**

<http://covid19.missoula.co/?fbclid=IwAR2i33dQ0YAozmWtVqrVpkG9zFS8g-Xn2E1y1oRCv4aiiAgrnaD7trfynx8>

### **Missoula Fire Department COVID-19 Page:**

<https://www.ci.missoula.mt.us/2650/37691/COVID-19?activeLiveTab=widgets>

### **Missoula County COVID-19 Page:**

<https://www.missoulacounty.us/government/health/health-department/emergency-preparedness/coronavirus>

### **John's Hopkins COVID-19 US Confirmed Case Map**

<https://www.arcgis.com/apps/opstdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

### **Montana State COVID-19 Montana Confirmed Case Map**

<https://www.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b>

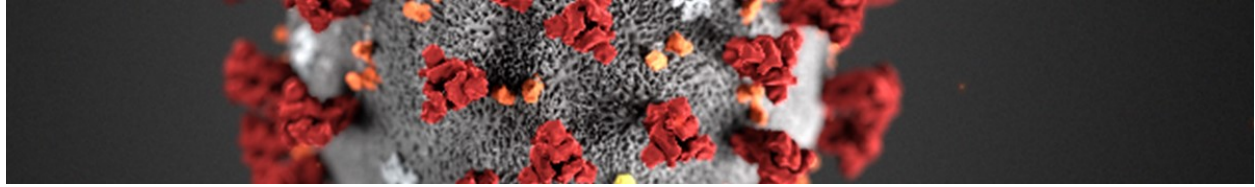
### **CDC COVID-19**

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



## Missoula Fire Department COVID-19 Response Directive

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### Forward Statement:

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The Missoula Fire Department (MFD) began planning and working with our community partners when the spread of COVID-19 entered into our country. Our immediate partners (MESI, our Medical Director, 911, Office of Emergency Management (OEM) and Missoula Police) started sharing information and engaging with our City/County Health Department.

The efforts to deal with this pandemic have been challenging and largely dynamic in all capacities. As the spread and impact of the virus grows in our community, we will continue to provide clear communication and direction to protect our members. It is our direct effort, with this document, to streamline, compile, and maximize the efficiency of our efforts.

I sincerely want to thank each and every one of you for the dedication and devotion you have for this department and community. Our Management Team is available 24/7 if you need anything.

Respectfully,

Jeff Brandt  
Fire Chief





# Missoula Fire Department COVID-19 Response Directive

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## Ongoing Updates

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### **MARCH 2-6, 2020**

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- Confirmed cases/community spread confirmed in areas of Washington State; first in the US.
- MFD rolls out COVID-19 initial protocol flow chart and respiratory disease protocol.
- PPE placed on engines for respiratory response.
- “Droplet Precaution” protocol established with Missoula 911 center.
- City/County Health Department Incident Command system formally established. Members from MFD placed in general staff positions.

### **MARCH 9-13, 2020**

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- City of Missoula establishes first guidelines for employees. Institutes “Stage 2”.
- Public training and education cancelled indefinitely.
- All “droplet precaution calls are tracked to notify admin of potential exposures.
- All employees feeling ill on shift are encouraged to go home. Employees feeling ill prior to coming to work are encouraged to stay home.

### **MARCH 16-20, 2020**

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- First case in Montana is reported.
- Notes from Dr. Kremkau updated including reduction of nebulizer treatment of droplet precaution cases and avoidance of CPAP.
- PPE precautions instituted.
- Station disinfecting measures put in place.
- Employee sick time bank for COVID-19 absences are implemented.
- Testing at Poverello tenants and repurposed use of Bel Aire Motel as homeless quarantine facility set up.

### **MARCH 23-27, 2020**

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- Missoula sees first case of COVID-19
- Morning employee Wellness Check-in processes instituted at all stations for all employees.
- IMT team set up at courthouse for COVID-19 response management.
- Hospital drop off precautions instituted.
- Additional homeless shelter facilities sought by City.
- Governor Bullock introduces “Stay at Home” orders for the state of Montana.

### **MARCH 30 - APRIL 3, 2020**

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- Community spread of COVID-19 recognized in Missoula County.
- City implements “Stage 3” protocols for employees and City facilities.
- PPE inventory tracking established.
- Crew sense tracking of COVID-19 absences.
- Confirmed positive of City employee and respective quarantine of surrounding employees causes stricter MFD station and employee contact guidelines.
- Creation of MFD Strategic COVID-19 Response Plan





# Missoula Fire Department COVID-19 Response Directive

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## April 6-17, 2020

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- County looks at emergency non-congregate sheltering solutions.
- Continue tracking costs related to COVID-19.
- Governor has press conference and speaks to re-opening phases for Montana

## April 20-May 1, 2020

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- PPE Coveralls distributed to MFD.
- PPE continues to be distributed throughout the city.
- City Council approves the purchase Sleepy Inn for COVID shelter.

## May 4-15, 2020

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- Stay at home restrictions lifted and City begins level 1 of reopening.

## May 18-29, 2020

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- Gov. Bullock issues Phase I reopening of state.
- No new reported cases in Montana state between ...

## June 1-22, 2020

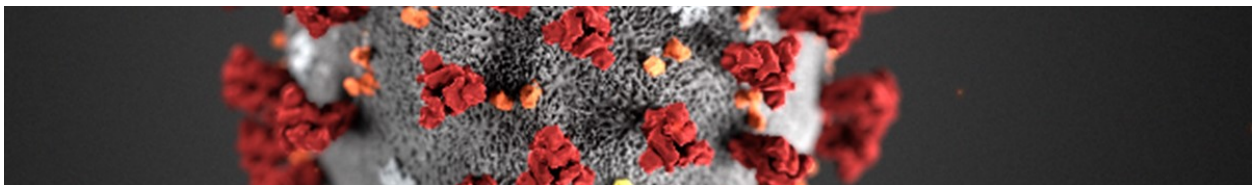
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- Governor Bullock issues Phase II reopening of Montana State. Phase II permits gatherings of up to 50 persons. Missoula City reopens to Phase II according to Continuity of Business Plan.
- MFD commences training practices with precautions in place; single company drills.

## June 22-24, 2020

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- MFD Firefighter test positive for COVID-19 on June 22.
- MFD management teams meets to coordinate notification of possible contacts and exposures from the positive FF.
- MFD teams up with Missoula Health Department for guidance and action plan.
- MFD notified 37 members of possible contact exposure. All contacts were required to quarantine.
- On June 23, all members were contacted by the MCCHD for interview and testing
- MFD upgraded precautions to surgical masks in common areas at all MFD facilities.
- Testing made available to asymptomatic firefighters and family members with MCCHD and Cost Care.





# Missoula Fire Department COVID-19 Response Directive

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## COVID-19 Overview

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### What is Novel Coronavirus (COVID-19?)

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19)<sup>11</sup>, is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

### What is the source of the virus?

Coronaviruses are a large family of viruses. Some cause illness in people, and others, such as canine and feline coronaviruses, only infect animals. Rarely, animal coronaviruses that infect animals have emerged to infect people and can spread between people. This is suspected to have occurred for the virus that causes COVID-19. Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) are two other examples of coronaviruses that originated from animals and then spread to people. More information about the source and spread of COVID-19 is available on the Situation Summary: Source and Spread of the Virus.

### How does the virus spread?

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.<sup>22</sup>

### When is someone infectious?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present.

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#basics>

<sup>2</sup> [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)





## Missoula Fire Department COVID-19 Response Directive

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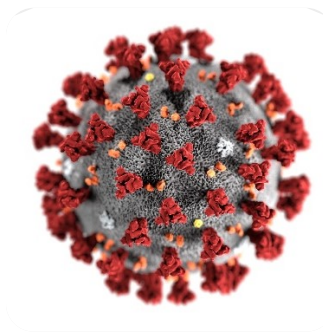
Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2–14 days.

### What are the symptoms?

Common signs of infection include respiratory symptoms, fever, and cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases. The following symptoms may appear 2–14 days after exposure: fever, cough, shortness of breath, chills, new loss of taste or smell, fatigue, muscle or body aches, headache, and/or nausea/vomiting; this list does not include all possible symptoms.

### How is COVID-19 different from the flu?

Although the two illnesses appear similar, they are caused by two different viruses. While there are vaccines for the flu, based on the particular strains of influenza prevalent for that season, there is no current vaccine or anti-viral medication found to be effective against COVID-19. The COVID-19 situation is changing rapidly. Since this disease is caused by a new virus, people do not have immunity to it, and a vaccine may be many months away. Doctors and scientists are working on estimating the mortality rate of COVID-19, but at present, it is thought to be higher than that of most strains of the flu.<sup>3</sup>



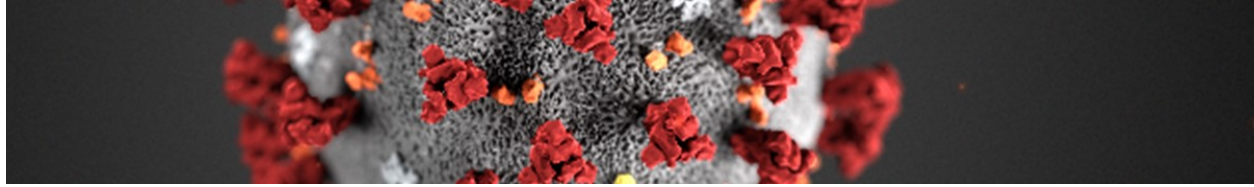
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<sup>3</sup> (Centers for Disease Control and Prevention, n.d.) (World Health Organization, n.d.) (Johns Hopkins Medicine, n.d.)



## Missoula Fire Department COVID-19 Response Directive

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### Glossary of Terms Specific to COVID-19

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**Prolonged exposure:** Generally greater than 10 minutes. Clinical symptoms of patient and type of interaction remain important. (e.g., did the patient cough directly into the face of the EMS provider?)

**Close contact:** Person being within 6 feet of a COVID-19 case, unprotected direct contact with secretions or excretions.

**Source Control:** Term used when taking measures to help limit the spread of germs/virus.

**Non-work exposure:** When a member is exposed in a non-work setting to person under investigation or a person with a positive COVID-19 test.

**Fever:** Temperature  $\geq 100.1^{\circ}\text{F}$  or subjective fever. Note that temperature may be intermittent or may not be present in some patients. (e.g., elderly, immunocompromised or those taking NSAIDs)

**Self-monitoring:** EMS provider should monitor themselves twice daily for fever and remain alert for symptoms of acute respiratory infection.

**Respirator:** A personal protective device that covers at least nose and mouth; N95/N100.

**Facemask:** A mask that covers at least the nose and mouth and helps block respiratory secretions.

**Person under investigation:** A person presenting with signs and symptoms as follows:

- Temperature  $100.1^{\circ}\text{F}$ ; or
- Symptoms of acute respiratory illness (cough, difficulty breathing, sore throat); or
- Having prolonged close contact with a person under investigation or a positive COVID-19 case who was not wearing the recommended PPE.<sup>44</sup>

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<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>



# Missoula Fire Department COVID-19 Response Directive

## Pre-Response

### Firefighter/Employee Morning Wellness Screening

Employee wellness screenings shall take place twice a day; prior to beginning each shift and at 1800 hours. This screening includes a temperature check and a verification of a lack of symptoms. Any employees found to have a temperature greater than 100.1°F or the presence of any indicated symptoms shall notify the supervisor on-duty and be excused from work promptly.

### Station and Apparatus Cleaning

Daily: Along with regular station and apparatus cleaning, a focused daily sanitization of commonly touched surfaces at the beginning and end of each shift is required.

### Social Distancing and Station Precautions

The fire department is a place where we work and socialize with our department family. During this epidemic we need to work to modify our interactions and practices. The CDC recommends keeping a 6-foot distance from others. This may be impractical in the fire station and impossible on most apparatus. What we can do instead is try to take thoughtful steps to limit the chance of a virus spreading among our work family. Here is a list of suggestions as a starting point.

1. All members will wear surgical masks or cloth masks in common areas.
2. Avoid congregating at the kitchen table, especially at shift change when there is a denser population at the station.
3. Attempt to increase spacing between personnel at mealtime, such as sitting in alternate chairs.
4. Attempt to minimize close contact with department personnel outside your fire company or work group.
5. Avoid foods that involve many hands reaching into a shared container (for example, potato chips) or find a way of serving that limits cross contamination.
6. Wipe frequently touched surfaces down regularly.
7. Wash hands frequently.
8. Fewer high-fives, more elbow-bumps.
9. Use your discretion and judgement to make our workplaces as safe as possible.

### Protect yourself and others from getting sick

#### Wash your hands



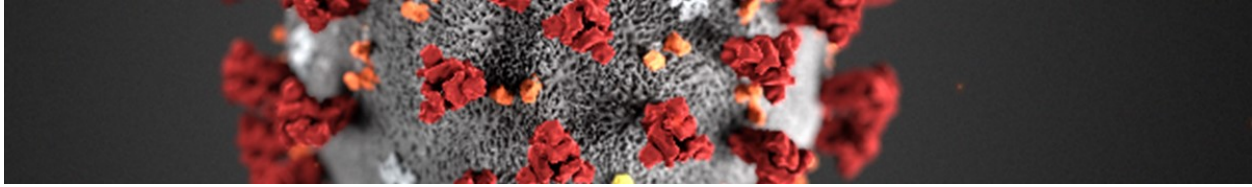
- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste





## Missoula Fire Department COVID-19 Response Directive

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### MFD Dispatch

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Missoula 911 Dispatchers are currently screening callers as usual. There will be increased awareness following triggers identified as suspected COVID-19 patients:

1. Flu-like symptoms, such as a fever, cough, shortness of breath, sore throat, fatigue, or feeling generally ill.

**OR**

2. The patient has had close contact to an individual who is known to have tested positive for COVID-19.

If Dispatch identifies a patient who meets the above criteria, they will attempt to instruct the patient to meet EMS at the threshold of their front door when they arrive. They will continue to add notes and advise crews of pertinent patient history, as available.

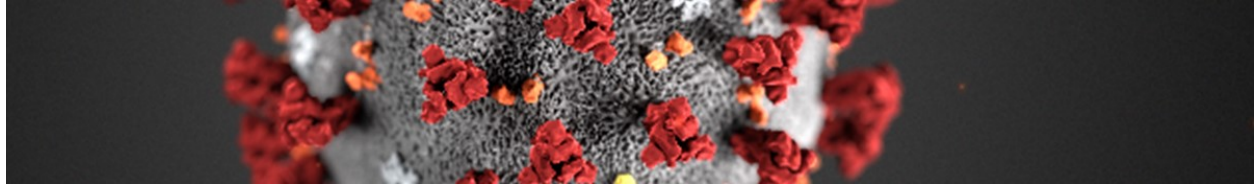
Notification of suspected COVID-19 patient will be annotated as “droplet precautions” by a dispatch personnel.

**Note:** Please increase your suspicion of COVID-19 in the community to patients with any of the following symptoms or are generally feeling ill: Flu-like symptoms, such as a fever, cough, and shortness of breath, sore throat, fatigue, or feeling generally ill.



# Missoula Fire Department COVID-19 Response Directive

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## EMS Response

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### All EMS Responses

1. PPE minimum for all providers during COVID-19 Pandemic:
  - Gloves
  - Standard eye protection
  - Facemask for anyone with patient contact
2. Perform a single provider door triage / room scan / 6ft of separation assessment.
3. Screen for COVID-19 risk criteria:
  - Has the patient experienced flu-like symptoms (fever, cough, shortness of breath, chills, new loss of taste or smell, fatigue, muscle or body aches, headache, and/or nausea/vomiting, etc.) in the last 72 hours?
  - OR**
  - Has the patient had close contact with a COVID-19-confirmed patient or a patient under testing for COVID-19?
4. If patient screens positive for COVID-19 risk criteria, consider them a suspected COVID-19 patient and increase PPE level.
5. Perform source control on all patients who have experienced respiratory symptoms or fever in the last 72 hours by placing a facemask on the patient.
  - Nasal cannula can be placed underneath the facemask
  - An oxygen mask can substitute for a mask in patients requiring oxygen concentrations greater than 6 lpm
6. Encourage standard infection control measures throughout the patient encounter.

**Note: These are minimum PPE recommendations. EMS providers may increase their level of PPE based on their discretion and patient presentation.**



## Missoula Fire Department COVID-19 Response Directive

### COVID-19 Screening Questions for EMS Providers:

Screening questions to be asked on ALL calls during initial patient interview, while staying 6+ft away:

1. Do you have a fever?
2. Do you have any symptoms of a fever such as body aches or chills?
3. Do you have a sore throat, cough, and/or difficulty breathing?
4. Does anyone here have any of the symptoms I have just asked about?
5. Is anyone here under quarantine for any reason?

If yes to **any** of these, if there is a language barrier, or if the patient is unconscious, then N95 facemask, face shield, gloves, and coveralls or gown must be worn, at a minimum.

**Note: If in doubt, err on the side of caution and use an N95.**

If there is a potential for a high-risk procedure: gloves, face shield, coveralls or gown, and an N95 must be worn by ALL personnel. High risk procedures include: BVM, CPAP, nebulized therapy, intubation, and suctioning.

### EMS Response to Suspected or Known COVID-19 Patients (Positive Screening from Dispatch or Initial History)

1. Throughout the encounter, take steps to limit the number of personnel in contact with the patient.
2. Apply a facemask to the patient for source control.
  - A nasal cannula can be applied underneath the facemask
  - An oxygen mask can substitute for a facemask in patients requiring oxygen concentrations greater than 6 lpm
3. PPE minimum for all encounters with a suspected or confirmed COVID-19 patient:
  - Gloves
  - Face shield
  - N95 respirator (or greater)
  - Coveralls OR gown

### Missoula EMS Non-transport for suspected COVID-19

Based on Missoula City-County Health Department and CDC Guidelines:

**If**, patients who contact 911 and present with symptoms of viral illness including: fever >100.4 and cough or shortness of breath, meet the following criteria:

- Patient is <50 years old
- Patient is alert with GCS 15 and has decision-making capacity or POA available





## Missoula Fire Department COVID-19 Response Directive

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- Patient is not in respiratory distress
- Respiratory rate <20 and >9
- SaO<sub>2</sub> >92% without COPD or >88% with COPD
- Absence of rales or significant wheezing/rhonchi
- Patient's hemodynamics are stable
- HR<100
- BP>110 systolic
- Patient is maintaining adequate hydration

**Then,** responders will then assess suitability of residential setting to ensure:

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are no household members who may be at increased risk of complications from COVID-19 infection (e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

**Then:**

- The patient should be encouraged for non-transport.
- **OLMC should be used to facilitate this, along with MED 10.**

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*Guidelines per Dr. Michael Kremkau, Medical Director, Missoula City Fire, Missoula Emergency Services*

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*Missoula City/County Health Department at 258-3896*

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# Missoula Fire Department COVID-19 Response Directive

## Airway Management

Special considerations regarding airway management for confirmed or suspected COVID-19 patients:<sup>5</sup>

- Providers treating any patient requiring airway management, or participating in high risk procedures that generate aerosols, must be in the highest level of PPE including N95 respirator (or greater). This level of PPE must be established prior to beginning any high-risk procedure.
- Avoid nasal cannula concentrations higher than 6 lpm.
- Avoid CPAP if possible.

**Steps for use of MDI-** use caution as this increases aerosolized droplets

1. Use patients MDI if available.
  2. If possible hold off until MESI arrives with MDI.
  3. If absolutely necessary use standard nebulized treatments.
- Supraglottic airway is the preferred means of airway management during COVID-19 Pandemic. **Stop CPR during Supraglottic insertion.** Place an inline HEPA filter on tube prior to placement.
  - Intubation should be performed if BLS measures fail. BVM should not be used during pre-oxygenation or the intubation procedure. A nonrebreather should be utilized for pre-oxygenation. **Stop CPR during intubation.** Place an inline HEPA filter on tube prior to placement. Following successful intubation, bag- valve ventilation should be performed as normal.
  - If available, an inline HEPA filter should be utilized when ventilating via bag-valve.
  - Apply LUCAS device during CPR calls as soon as possible.
  - Discontinue use of nebulized treatments, and/or CPAP treatments and place a mask on the patient prior to entering the emergency department.

## CPR Guidelines:

Initial required PPE while responding to Cardiac Arrest:

- Gloves
- N95
- Face shield
- Coveralls or Gown

First arriving providers should consider limiting MESI, BC and second due engine for obvious signs of death, advanced directives and non-codes on arrival.

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<sup>5</sup> The definition of suspected COVID-19 patients will change based on the prevalence of the disease in our community. Please use provider judgment as your best determinant for distinguishing acute exacerbations of chronic conditions such as CHF, COPD, and asthma from new onset symptoms consistent with COVID-19.



## Missoula Fire Department COVID-19 Response Directive

### MFD PPE

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#### Reusable Face Shields

MFD provided reusable face shields. To be used on all droplet precaution/COVID-19 calls. Follow decon procedures.

#### N95 Respirator Reuse

1. Reuse of facemasks is acceptable and the mask can be stored on/or with the provider between incidents.

**Note: Gross contamination or damage to the mask requires replacement.**

2. Reuse of N95 respirators is acceptable following patient care that has not generated high concentrations of respiratory secretions or aerosols.
  - i. Gross contamination or damage to the N95 requires replacement.
  - ii. Dispose of N95 respirators after high-risk encounters.
  - iii. Storage should be in a closed container which does not compromise the shape of the mask and provides for ventilation (e.g., perforated plastic container or paper bag).
  - iv. N95 respirators should be used until loss of structural integrity or visibly contaminated.
3. If perforated plastic containers are used for N95 storage, personnel should disinfect the inside of the container, allowing for appropriate dry time prior to storing the N95.<sup>6</sup>



#### Surgical Face masks

Reusable masks for members out in the general public, use within MFD facility common areas, and for no- droplet precaution calls.

#### Coveralls or Gowns

Gowns OR Coveralls will be used on all droplet precaution/COVID-19 calls.

- **Gowns- Single use item.**
  - i. Doff on-scene and place in trash bag. If possible leave in patient's trash can. If not bring trash bag to station and use dumpster.
- **Coveralls- Each member will be issued 2 pairs**
  - i. Doff on-scene and place in trash bag. Return to station and follow decon procedures.

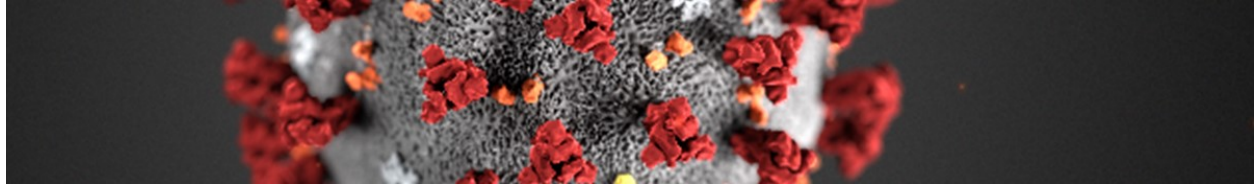
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<sup>6</sup> <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>



## Missoula Fire Department COVID-19 Response Directive

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### Cleaning and Disinfecting Procedures

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The following are general guidelines for cleaning and disinfecting EMS equipment after treating a suspected or known COVID-19 patient:

- If possible, members should attempt to clean and disinfect equipment on scene, prior to storing equipment back on an apparatus.
- When cleaning and disinfecting equipment, it is recommended to perform this task outside, away from concentrated, potentially infectious particles inside a patient's initial contact setting or treatment area
- When cleaning and disinfecting equipment used during patient care of a suspected COVID-19 patient, members shall wear gloves, facemask, face shield (or goggles), and gown/coveralls.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use.
- All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using MFD provided cleaners.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Use Hypochlorous Acid (HOCL), a diluted hospital grade cleaner, in the "COVID Killer" Gun as directed on bags and engine after suspected COVID calls. This product has already been pre-diluted and distributed to the stations for use.

Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2 (COVID-19)<sup>78</sup>

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<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

<sup>8</sup> <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/chemical.html>



# Missoula Fire Department COVID-19 Response Directive

## Current Recommended Disinfecting Products

### 1. Clorox® Disinfecting Wipes:<sup>9</sup>

- Wipe surface to be disinfected.
- Keep surface wet for 4 minutes.
- Let surface dry.
- For highly soiled surfaces, clean excess dirt first.
- For items that come in contact with food or mouths rinse with warm water and let air-dry.



### 2. Bleach:<sup>10</sup>

- Prepare a bleach solution using one of the following mixes:
  - 5 tablespoons (1/3 cup) bleach per gallon of water
  - 4 teaspoons (5 ml) bleach per quart of water
- Pre-wash surface.
- Mop or wipe with a bleach solution.
- Allow solution to contact the surface for 5 minutes.
- For items that come in contact with food or mouths, rinse with warm water and let air-dry.



**Note: Bleach solutions in tap water at a pH >8 stored at room temperature (23°C) in closed, opaque plastic containers can lose up to 40%–50% of their free available chlorine level over one month.<sup>11</sup>**

### 3. Sani-Cloth® Plus Germicidal Disposable Cloth:<sup>12</sup>

- Wipe surface to be disinfected.
- Keep surface wet for 4 minutes.
- Let surface dry.
- For highly soiled surfaces, clean excess dirt first.
- For items that come in contact with food or mouths rinse with warm water and let air-dry.



**Note: If disinfectant product to be used is not listed here:**

**Current guidelines recommend an approved EPA-registered disinfectant that has qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2 as listed in List N: Disinfectants for Use against SARS-CoV-2<sup>13</sup>. Follow manufacturer's recommendations when using.**

<sup>9</sup> <https://www.clorox.com/how-to/disinfecting-sanitizing/cold-flu-other-diseases/help-prevent-the-spread-of-the-human-novel-coronavirus-2019-ncov/>

<sup>10</sup> <https://www.clorox.com/how-to/disinfecting-sanitizing/cold-flu-other-diseases/help-prevent-the-spread-of-the-human-novel-coronavirus-2019-ncov/>

<sup>11</sup> <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/disinfection-methods/chemical.html>

<sup>12</sup> <https://pdihc.com/products/environment-of-care/sani-cloth-plus-germicidal-disposable-cloth/>

<sup>13</sup> <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



## Missoula Fire Department COVID-19 Response Directive

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### Cleaning and Disinfecting Clothing, Towels, Linens, and other Laundered Items

The following are general guidelines for cleaning and disinfecting re-usable facemasks, clothing, towels, linens, and other cloth items after they come into contact with a suspected COVID-19 patient:

- Members with a suspicion of gross uniform contamination or obvious particulate exposure, following a high-risk encounter with a suspected COVID-19 patient, should follow the on scene doffing procedure, don clean clothing on scene, and immediately wash contaminated clothing on return to the station.
- When cleaning and disinfecting cloth-based items, it is recommended that members wear disposable gloves:
  - If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Wash hands immediately after gloves are removed.
  - If no gloves are used when handling dirty laundry, be sure to wash hands thoroughly afterwards.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- It is recommended that members launder items as appropriate in accordance with the manufacturer's instructions:
  - If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
  - Recent research has shown that the virus can be killed with a combination of heat and time: 90 minutes at 132° F, 60 minutes at 152° F, or 30 minutes at 167° F.<sup>14</sup>
- Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.<sup>1516</sup>

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<sup>14</sup> <https://pubmed.ncbi.nlm.nih.gov/14631830/>

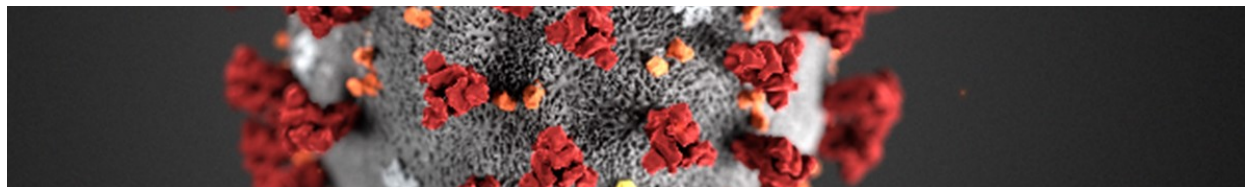
<sup>15</sup> [https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html)

<sup>16</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>





# Missoula Fire Department COVID-19 Response Directive



## COVID-19 Reporting Instructions-New World Reporting

**PLEASE NOTE: THESE INSTRUCTIONS ARE DOCUMENTING ANY COVID-19 DROPLET PRECAUTION CALLS, NOT JUST VERIFIED EXPOSURES**

### Basic Module:

- Incident type: 3211-EMS call-pandemic
- Select “Fire Service Casualty”
- Select “next”

Save Cancel Help Previous Next

FDID: 04001 Station: MFD - Station 4 Incident Date: 03/21/2020 19:51:25  
State: Montana Incident and Exposure: 2020-00002158 x 000  
MFD Station 4 CFS Type: Medical Call ALS

**Basic Detail**

Incident Type: 3211 EMS Call, Pandemic

Shift or Platoon: A Shift Alarms: 1

Quadrant: CF01 District: MES11

**Actions Taken:**

Quick Value	Value
<input checked="" type="checkbox"/> 32	*Provide basic life support BLS
<input type="checkbox"/> 70	*Assistance, other
<input type="checkbox"/> 93	*Cancelled en route
<input type="checkbox"/> 11	*Extinguishment by fire person
<input type="checkbox"/> 44	*Hazardous materials leak control
<input type="checkbox"/> 86	*Investigate
<input type="checkbox"/> 33	*Provide advanced life support
<input type="checkbox"/> 73	*Provide manpower
<input type="checkbox"/> 45	*Remove hazard
<input type="checkbox"/> 63	*Restore fire alarm system
<input type="checkbox"/> 00	Action taken, other

**Resources**

☒ Mutual/Auto Aid Involved  
Call Response Mode:

☒ Check this box and skip this section if an Apparatus or Personnel form is used.

	Apparatus	Personnel
Suppression	0	0
EMS	2	7
Other	0	0

☐ Check box if resource counts include aid received resources.

**Estimated Dollar Losses & Values**

LOSSES: Required for all fires if known.

Property: Contents:

PRE-INCIDENT VALUE: Optional

Property: Contents:

**Casualties**

☒ Fire Service  
☐ Civilian

Deaths: Injuries:

**Detector:**

☐ Hazardous Materials Involved  
Hazardous Materials Release:

☐ Re-submit Incident  
☒ Include for Accreditation Reporting

Select the fire service casualty box **only if you made it on scene**. If you were staged and cleared before entering the scene, do not select the fire service casualty module, but proceed with the rest of the directions

**NOTE:** For all calls that we stage at, whether we clear or enter, change the stage time to arrive time per current MFD protocols.

- Continue through the basic module per MFD protocols until you get to the “special studies” module (right under incident times).



## Missoula Fire Department COVID-19 Response Directive

### Special Studies Module:

This has been directed at the federal level to track all COVID-19 related incidents in a consistent manner. Once you get to the special studies module, do the following:

- After selecting 9244, select the drop-down menu in the special study value. The below items will be available for selection. Select one of the items below.

- Select the appropriate value and then select “next”. Continue with the report per MFD **protocol** **until you get to the remarks.**



## Missoula Fire Department COVID-19 Response Directive

### Remarks Module:

These remarks are the remarks in the narrative of the NFIRS report.

- Select the template “EMS Narrative” and the select “Generate Narrative”. Fill out the remarks using the examples below as a guide.

Narrative:

L EMS Narrative Generate Narrative

EMS Narrative

Remarks:

Dispatched for: (use current protocol) and

Example: Female having an asthma attack; droplet precautions noted on dispatch.

Found on arrival: (use current protocol) and

Example: Female having difficulty breathing, conscious and alert; droplet precautions found on arrival

Actions taken: (Use current protocol) and annotate if proper PPE was utilized

Example: Actions taken: See PCR for more detail; proper PPE was donned and utilized before contact with patient.

Other Agencies: (use current protocol)

Further action or follow-up needed: (Use current protocol) and annotate "Droplet Precautions" and whether patient was tested for COVID-19.

Example: Droplet Precautions/unknown if patient was tested (if unknown but expected, EMS coordinator will follow up with health department and document whether patient was tested).

- After the remarks are complete, continue with the rest of the report through the EMS module as per current protocols.
- You will now see a module after the EMS module called “Fire Service Casualty Module. “. Complete the module as follows:

NOTE: This module will be filled out for all droplet precaution calls that result in patient contact, even if proper PPE was used. **Every firefighter on scene** will be a separate firefighter casualty, regardless of who came in contact with the patient. The following items in the fire service casualty module will be filled out:



## Missoula Fire Department COVID-19 Response Directive

### Fire Service Casualty Module:

Select "New"

Select the drop-down arrow under injured person and select name

Use arrival date/ time

Always select "report only, including exposures"

Always type in "droplet precautions"

Use the drop-down arrow to the right and select "career"

**Fire Service Casualty**

New Open Save Delete Cancel Help

Casualty Number	Injury Date/Time	Name	Career Status

**Injured Person**

Age: 106 Gender: Male Career Status: Career Casualty Number: C Date of Birth: 2/13/1980

Date of Injury: 3/21/2020 Time of Injury: 20:00:00

Prior Responses:

Usual Assignment:

Physical Condition Prior to Injury:

Sensitivity:

Report only, including exposure

Report only, including exposure

Activity at Time of Injury:

Remarks:

Droplet precautions

H1 Primary Apparent Symptom:

H2 Primary Part of Body Injured:

I1 Cause of Firefighter Injury:

I2 Factor Contributing to Injury:

I3 Object Involved in Injury:

J1 Where Injury Occurred:

J2 Story Where Injury Occurred

Injury Building Location:

Story of Release

Below Grade

J3 Specific Location:

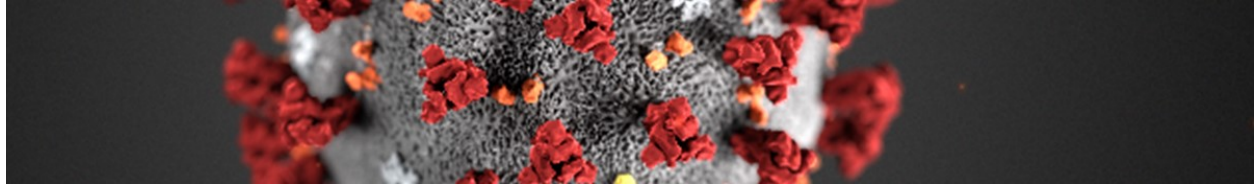
J4 Vehicle Type:

**NOTE: All members should understand that this information tracking is for firefighter health and safety should anyone contract a virus/disease. The purpose of including all engine company members on the casualty field is an assumption all members will be exposed regardless of direct contact.**



## Missoula Fire Department COVID-19 Response Directive

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### Exposure

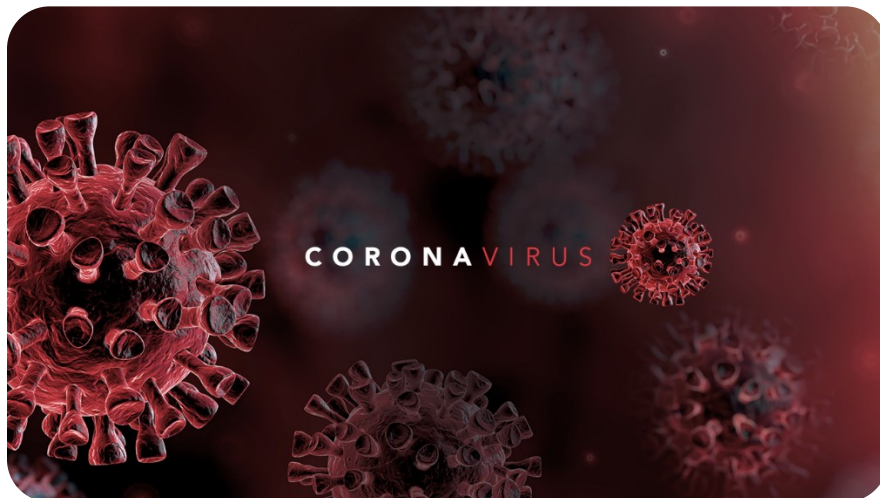
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Exposure is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

Extended close contact with a sick person is the typical cause of transmission and infection. Close contact includes:

- Living in the same household as a sick person with COVID-19 or a person under investigation
  - Caring for a sick person with COVID-19 or a person under investigation,
  - Being within 6 feet of a sick person with COVID-19 or person under investigation for at least 10 minutes without proper PPE
- OR**
- Being in direct contact with secretions from a sick person with COVID-19 or person under investigation (e.g., being coughed on, kissing, sharing utensils, etc.).

If close contact occurs in which a member is not wearing appropriate PPE or PPE is breached, refer to exposure risk categories.<sup>17</sup>



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<sup>17</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>



## Missoula Fire Department COVID-19 Response Directive

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### High-Risk Exposure

1. Prolonged close contact with an individual with known COVID-19 infection or a person under investigation with no patient mask and the provider's nose and mouth is exposed.
2. EMS provider in the room with eyes, nose or mouth unprotected for procedures that generate aerosols or during which respiratory secretions are poorly controlled such as:
  - Cardiopulmonary resuscitation
  - BVM
  - Intubation
  - CPAP
  - Nebulizer therapy
  - Suctioning

### Medium-Risk Exposure

Moderate risk exposure generally includes an EMS provider who had prolonged close contact with a patient with known COVID-19 or a person under investigation who was wearing a facemask while the EMS provider's nose and mouth was exposed.

**Note:** Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, an EMS provider who is wearing a gown, gloves, eye protection and a facemask (not an N95) during aerosol producing procedure would be considered medium risk.

### Low-Risk Exposure

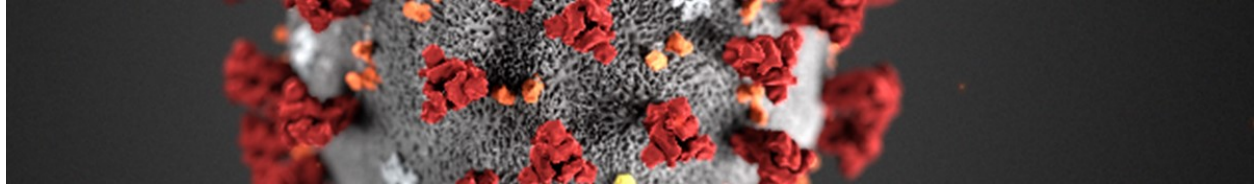
Low risk exposure generally includes brief interactions with patients with COVID-19 or a person under investigation or prolonged close contact with patients who were wearing a facemask for source control while the EMS provider was wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.





## Missoula Fire Department COVID-19 Response Directive

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### Return to Work Guidelines

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#### Definitions

**Symptomatic member:** Fever  $\geq 100.0^{\circ}$  F, subjective symptoms of fever or respiratory symptoms (cough, sore throat, or dyspnea).

**Asymptomatic exposure:** Members meeting the CDC requirements for low, medium, or high- risk exposure to COVID-19, or are otherwise not showing COVID-19 symptoms.

**On-duty exposure:** Prolonged close contact with a Person-Under-Investigation (PUI) or a suspected or known COVID-19 patient without the use of PPE (mask), medium risk exposure, or high-risk exposure.

**Off-duty exposure:** Prolonged close contact with a Person-Under-Investigation (PUI) or a known COVID-19 patient.

**Travel exposure:** Members returning from travel to an area with widespread or ongoing community spread of COVID-19, as listed in the CDC Level 3 Travel Health Notice.

**Recovery:** Three days have passed since resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) **and** at least 7 days have passed since symptoms first appeared

Members may experience prolonged cough as a result of respiratory viral infection, which may continue after isolation has ended. Members can be advised to wear a facemask until their cough resolves or their health returns to baseline status.<sup>18</sup>

**Discontinuing isolation:** Members may have isolation discontinued and may return to work if they meet the criteria outlined in the **recovery** definition.

If new symptoms arise, follow the response recommendations for a **symptomatic member**.

**Positive COVID-19 test or members awaiting test results:** In order for members to return to work following a positive COVID-19 test, at least 3 days (72 hours) must have passed since recovery **AND** at least **10 days** must have passed since symptoms first appeared. The returning member must ensure they practice respiratory hygiene, hand hygiene, and cough etiquette.

Isolation increased from 7 days to **10 days** for COVID-19 positive members, or members awaiting test results, per Missoula County Health Department's recommendation.

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<sup>18</sup> <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareworkerReturn2Work.pdf>



# Missoula Fire Department COVID-19 Response Directive

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## Full Staffing Response Plan

### Asymptomatic Exposure Work Restrictions

For medium and high-level exposures while on duty, off duty, or due to travel. Quarantine for 14 days at home or designated quarantine facility.

### Symptomatic Exposure Work Restrictions

- Complete a COVID-19 test as available. Isolate until 72 hours have passed since recovery **and** at least **7 days** have passed since symptoms first appeared.
- If not tested, or receive a negative test, isolate until 72 hours have passed since recovery **and** at least **7 days** have passed since symptoms first appeared.
- Following a positive COVID-19 test, at least 3 days (72 hours) must have passed since recovery **and** at least **10 days** must have passed since symptoms first appeared.

Return to work requires the use of a facemask at all times while at work until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.<sup>19</sup>

### Travel Exposure

If member develops symptoms of COVID-19 at any time, the member must cease any patient care activities, immediately self-isolate (separate themselves from others), don a facemask (if not already wearing), and notify their supervisor promptly, if on duty.

### All Masks, All the Time

In order to protect un-exposed members from exposure to potentially infected but asymptomatic co-workers, all members must wear a facemask within all common areas while on shift except while eating, drinking, or sleeping. The asymptomatic, exposed member will wear a facemask as source control, and the unexposed members will wear facemasks as a universal precaution.

### How to Discontinue Home Isolation

People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions<sup>20</sup>:

- **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
  - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)  
**AND** other symptoms have improved (for example, when your cough or shortness of breath have improved)  
**AND** at least 10 days have passed since your symptoms first appeared

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<sup>19</sup> <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

<sup>20</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation>



## Missoula Fire Department COVID-19 Response Directive

- **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
  - You no longer have a fever (without the use medicine that reduces fevers)  
**AND** other symptoms have improved (for example, when your cough or shortness of breath have improved)  
**AND** you received two negative tests in a row, 24 hours apart. Your doctor will follow [CDC guidelines](#).



In all cases, **follow the guidance of your healthcare provider and local health department.** Local decisions depend on local circumstances.

*Adapted from the Center for Disease Control and the Montana State Department of Human Health and Services.*

### Asymptomatic Exposure

- Asymptomatic members with medium or high-risk exposure may continue to work at the discretion of MFD admin and MCCHD provided they adhere to cough etiquette, hand hygiene and wear a facemask at all times while on duty. Members should actively monitor for symptoms consistent with a COVID-19 infection.
- If symptoms of COVID-19 develop at any time, the member must cease patient care activities, immediately self-isolate (separate themselves from others), don a facemask (if not already wearing), and notify their supervisor promptly, if on duty.

### Symptomatic Exposure

- Isolate at home, or designated quarantine facility and complete a COVID-19 test as available. If not tested, or receive a negative test, isolate until 72 hours have passed since recovery **and** at least **10 days** have passed since symptoms first appeared.
- Following a positive COVID-19 test, at least 3 days (72 hours) must have passed since recovery **and** at least **10 days** must have passed since symptoms first appeared. 26
- Returning to work requires the use of a facemask at all times while on shift except while eating, drinking, or sleeping.

### Alternate Staffing Response Plan Summary

**If a member is symptomatic**, symptomatic members will go off duty until they are well.

- **On duty:** Immediately self-isolate, don a facemask (if not already wearing), and notify their supervisor.
- **Off duty:** Member should contact their agency.



## Missoula Fire Department COVID-19 Response Directive

### Full Staffing Response to COVID-19 Exposure (Table)

Epidemiologic Risk Factors	Exposure Category	Work Restrictions For An Asymptomatic EMS Provider
<b>Prolonged close contact with a suspected COVID-19 patient who was wearing a facemask (e.g., source control)</b>		
No provider PPE	Medium	Exclude from work for 14 days after last exposure
Provider not wearing a facemask or respirator	Medium	Exclude from work for 14 days after last exposure
Provider not wearing eye protection	Low	None
Provider not wearing gown or gloves	Low	None
Wearing all recommended PPE	Low	None
<b>Prolonged close contact with a suspected COVID-19 patient who was NOT wearing a facemask (e.g., no source control)</b>		
No provider PPE	High	Exclude from work for 14 days after last exposure
Provider not wearing a facemask or respirator	High	Exclude from work for 14 days after last exposure
Provider not wearing eye protection	Medium	Exclude from work for 14 days after last exposure
Provider not wearing gown or gloves	Low	None
Wearing all recommended PPE	Low	None



## Missoula Fire Department COVID-19 Response Directive

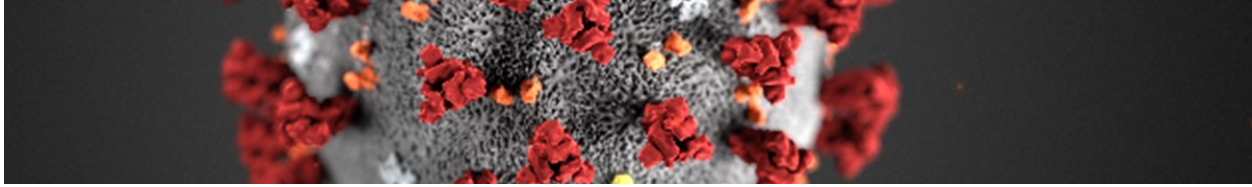
### Alternate Staffing Response to COVID-19 Exposure (Table)

Epidemiologic Risk Factors	Exposure Category	Work Restrictions For An Asymptomatic EMS Provider
<b>Prolonged close contact with a suspected COVID-19 patient who was wearing a facemask (e.g., source control)</b>		
No provider PPE	Medium	Continue to work while wearing facemask and practicing proper hygiene and social distancing
Provider not wearing a facemask or respirator	Medium	Continue to work while wearing facemask and practicing proper hygiene and social distancing
Provider not wearing eye protection	Low	None
Provider not wearing gown or gloves	Low	None
Wearing all recommended PPE	Low	None
<b>Prolonged close contact with a suspected COVID-19 patient who was NOT wearing a facemask (e.g., no source control)</b>		
No provider PPE	High	Continue to work while wearing facemask and practicing proper hygiene and social distancing
Provider not wearing a facemask or respirator	High	Continue to work while wearing facemask and practicing proper hygiene and social distancing
Provider not wearing eye protection	Medium	Continue to work while wearing facemask and practicing proper hygiene and social distancing
Provider not wearing gown or gloves	Low	None
Wearing all recommended PPE	Low	None



## Missoula Fire Department COVID-19 Response Directive

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### Quarantine and Isolation Recommendations

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**Quarantine** is a separation of an asymptomatic member who has had prolonged close contact with a person under investigation, suspected, or known COVID-19 patient without the use of PPE (mask) or a medium or high-risk exposure. This separation from others who have not been exposed is to prevent possible spread of COVID-19.<sup>21</sup>

*Recommended procedure:* Members are advised to separate from others who have not been exposed through social distancing and by use of a facemask while working in proximity to other members. Additional actions include:

- Monitor themselves for signs and symptoms consistent with COVID-19
- Maintain contact with their agency

**Isolation is a separation of** a symptomatic member with a known or suspected COVID-19 infection, from those who have not been infected.

*Recommended procedure:* Members in isolation are to separate themselves from others through social distancing. Additional precautions include:

- The isolated member should wear a facemask when around other people.
- Full recommended PPE for others coming in contact with the isolated member.
- Prohibit visitors who do not have an essential need to be in the isolation location.
- To the extent possible, members with known or suspected COVID-19 should be housed in an isolated room or area for the duration of their isolation to minimize pathogen spread.
- Other members should stay in another room or be separated from the isolated member as much as possible. Household members should use a separate bedroom and bathroom, if possible.
- Perform hand hygiene frequently.
- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, stool, or body fluids on them.
- Avoid sharing household items with the patient. Isolated members should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After a member uses these items, they should wash them thoroughly

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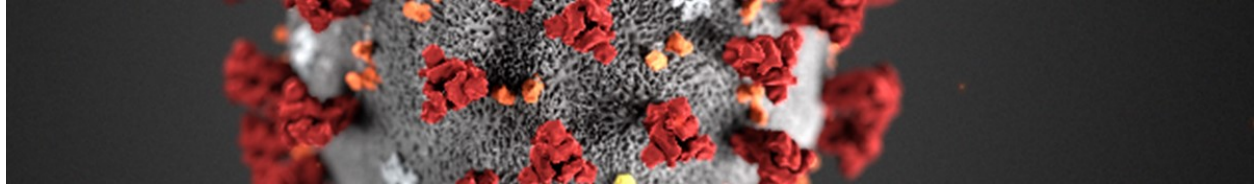
<sup>21</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>





## Missoula Fire Department COVID-19 Response Directive

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### Daily Operational Readiness of Crews in Station

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In light of the ongoing **COVID-19**, concerns the following will take place at the station level and, officers will ensure this occurs.

1. All crew members will wear surgical or cloth face masks in all common areas of any MFD facility. Masks shall cover the nose and mouth whenever worn.
2. In the morning, **immediately** upon arrival at the station (before coffee or any other activity), each member of the crew will assess their condition to report for duty by taking their temperature and complete a self-assessment of overall health. Record your status on the spreadsheet provided at each station.
3. At the start of each night shift or as close as possible, all crew members reporting or remaining at the stations will reassess temperature and overall health.
4. After each self-assessment, or at any time during a shift, should a firefighter show signs or feel symptoms of illness, said firefighter will be immediately relieved of duty and follow these guidelines.

If a firefighter is found to have a temperature over 100° F or the presence of a cough, sore throat, or respiratory symptoms such as shortness of breath, that member will be required to be placed off duty and the following shall happen:

1. Crew member that is placed off duty shall immediately distance themselves from other crew members and stage in their personal vehicle.
2. The Engine Officer will notify the Battalion Chief that they are out of service immediately.
3. The Battalion Chief will hire a replacement for the sick individual.
4. The Battalion Chief will determine the needs of the crew member. The sick crew member will follow the recommended quarantine/isolation guidelines set forth in this document. Testing and/or treatment for COVID-19 may follow depending upon Missoula City/County Health Department recommendations.
5. Crew members remaining on shift will sanitize common areas and any location in the station and on the apparatus as deemed necessary.
6. Once replacement crew member is in place, officer will contact the BC when that Engine Company is back in service.

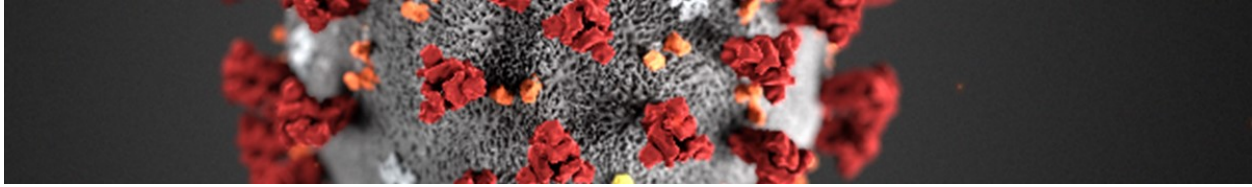
**Any** personnel that enter the station at any time will follow the above guidelines before entering, if not on shift.

If someone other than an employee needs access to the station (contractors), an on-duty crew member will assess for above guidelines before allowing access to the station.



## Missoula Fire Department COVID-19 Response Directive

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### Access to Admin Offices and Admin Procedures

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In light of the ongoing **COVID-19** concerns the following will take place:

1. All admin personnel working at Station 1 will avoid all other areas of the station as much as possible. Admin personnel will also sanitize their personal work areas upon arrival to the station and periodically throughout the day.
2. All others needing access to admin areas or admin assistance will use hand sanitizer and maintain social distancing recommendations from admin staff. If distancing cannot be maintained, face masks are recommended.
3. Maintenance Division staff working at Station 4 will avoid using work spaces outside of the maintenance bay.

All personnel accessing admin offices and maintenance facilities will ensure that the following occurs:

1. In the morning, or **immediately** upon arrival to the respective work station (before any other activity) each employee will assess their condition by taking their temperature and complete a self-assessment of overall health. Employees will then record their status on the spreadsheets provided at each check point.

If, **at any point** during the work day, any personnel found to have a temperature over 100.1° F or the presence of a cough, sore throat, or respiratory symptoms such as shortness of breath, those personnel will be required to be placed off duty and the following shall happen.

1. Anyone showing symptoms shall immediately distance themselves from other people and stage in their personal vehicle.
2. They shall notify their supervisor and inform them of their condition. Supervisors will provide guidance to the employees per quarantine/isolation guidelines set forth in this document. Testing and/or treatment for COVID-19 may follow depending upon Missoula City/County Health Department recommendations.

**Any** personnel that enter the admin area at any time will follow the above guidelines at all times.

All members of the public (including employee family members) are prohibited from entering any fire station with the exception of the vestibule area of station 1. If business cannot be completed from the confines of that area, a bureau staff person or an on- duty crew member will assess for above guidelines before allowing access.



## Missoula Fire Department COVID-19 Response Directive

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A check-in sheet will be kept of self-assessments, with name, date, and time at check in location as well as temperature reading and assessment query. Admin will ensure that thermometers and spreadsheet will be available at the check-in point.

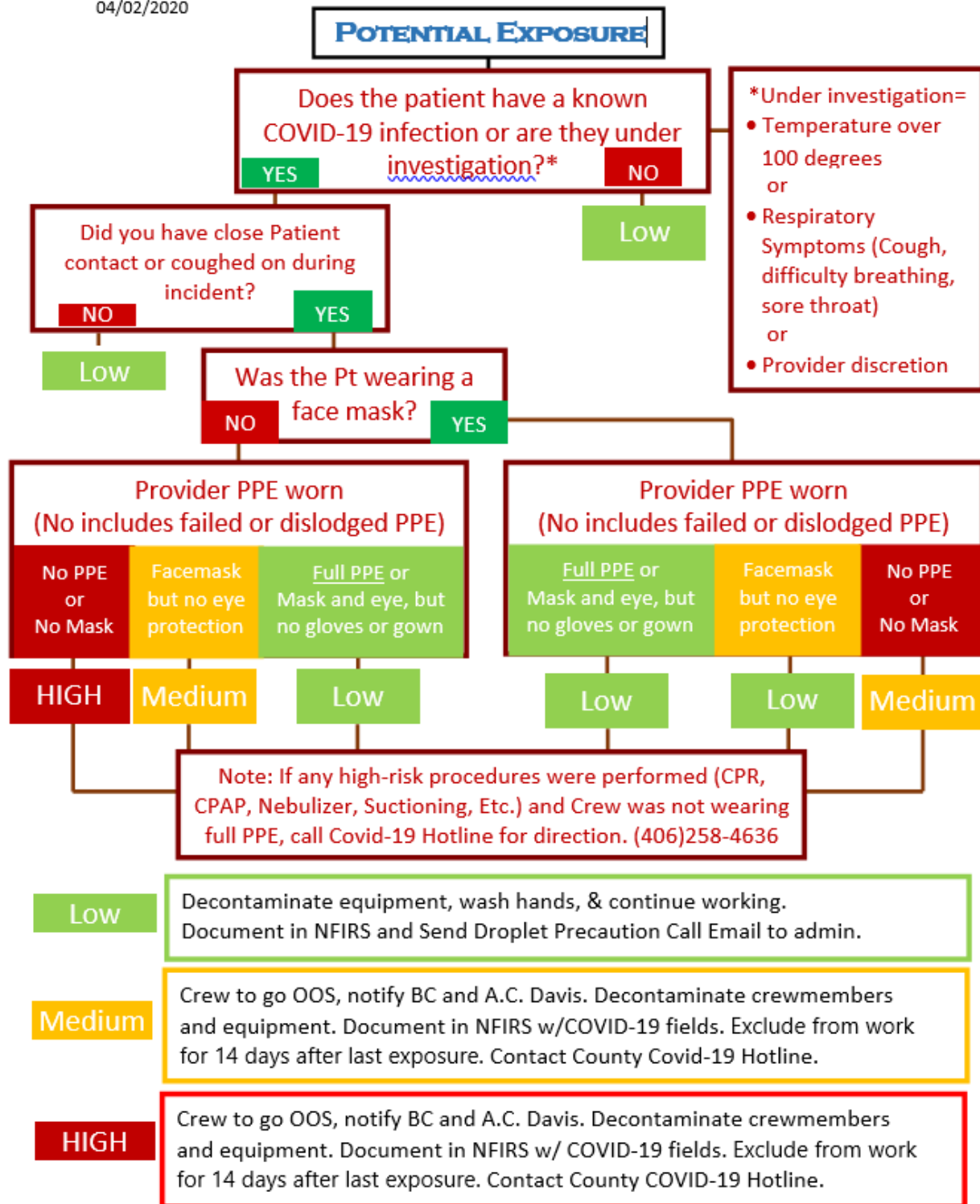
In addition, Admin staff will be responsible for cleaning their personal work spaces during the COVID-19 Pandemic.

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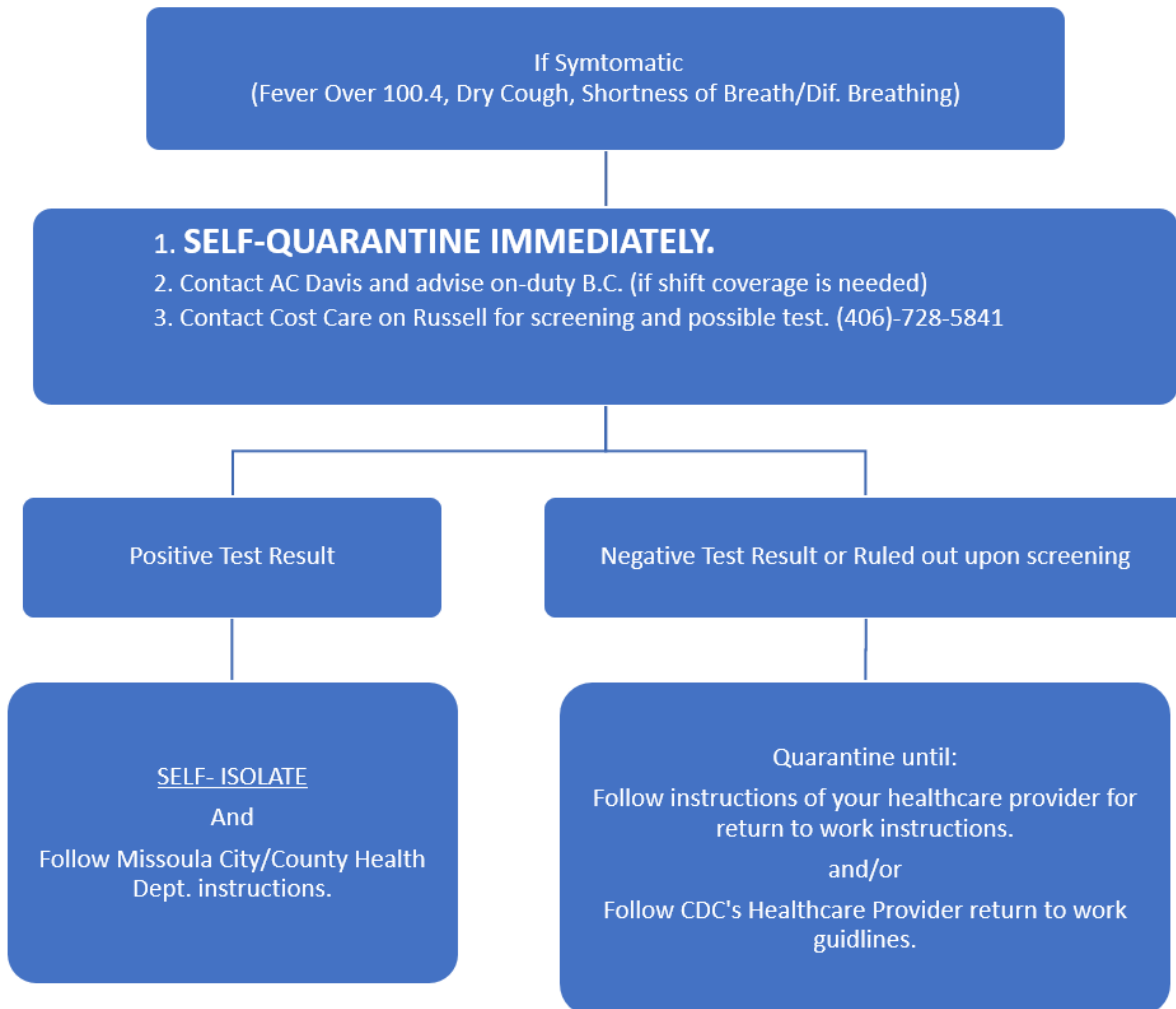
# Missoula Fire Department COVID-19 Response Directive

04/02/2020





## Missoula Fire Department COVID-19 Response Directive





## Missoula Fire Department COVID-19 Response Directive

### Thermometer Best Practices

Prior to using a thermometer, allow device to sit in the area where temperatures will be taken for 30 minutes prior to use.

- It is recommended for members having their temperature taken to have a clean forehead (if you can, shower at home prior to work). If wearing a hat, take the hat off 10 minutes prior to temperature being taken. Sweat can give a lower temperature and a hat can insulate the forehead and cause a high reading.
- A dirty lens will distort view. It is suggested to dampen a Q-tip with an alcohol swab and gently twirl the Q-tip directly on the lens in the center of the probe head. This should be done after both morning and evening temperature checks.
- **Wait a full minute** after each temperature check. Multiple scans in rapid succession will result in a variability of readings.

#### Exergen Temporal Thermometer

- Make sure to start with a blank screen.
- Then, keeping the button depressed, touch the center of the forehead, scan horizontally in a straight line over to the hairline.
- Release the button. **Do not** curve down to the temple.



**For additional information on the Exergen Temporal Thermometer:**

<http://w.exergen.com/original/Exergen-Original-Manual.pdf>

#### AdTemp Non-Contact Thermometer

- Press the measure button to power on the thermometer.
- When the device is ready, 00 will appear on the screen, and the thermometer will beep twice.
- Position the thermometer about 2 inches from the center of the forehead.
- Press and release the MEASURE button.
- Slowly move the device towards the patient's forehead. Once the correct distance is reached (1 inch from forehead) an amber light will flash. The unit will illuminate the measurement when complete.



**For additional information on the AdTemp non-contact thermometer:**

<https://www.adctoday.com/sites/default/files/literature/93-429-00%20rev%203%20Instructions%20for%20use%20EN.pdf>

