COVID-19 is challenging agencies in new and unprecedented ways. In addition to clinical needs, many agencies have operational needs they have not encountered before. Below are considerations for you and your agency. Knowing that no two agencies face the same operational or community requirements, don’t take these as directives, but rather as conversation starters to help you determine what changes you might implement for your agency for the current situation.

**RESPONSE PROTOCOLS**

Review dispatch triage process and information hand-off to reflect pandemic criteria. This can include sending the correct resources or referring the caller to more appropriate services (for example, a health screening line or health authority).

Reduce the number of personnel exposed when conducting initial patient assessment. This reduces the potential for exposures and potential quarantine, as well as conserves PPE. Additional personnel can enter the scene if/when they are deemed necessary.

Review PPE protocols to ensure responders who are exposed to potential or probable COVID-19 patients are at the adequate level of PPE. Additionally, review PPE protocols regarding those not in direct contact with potential COVID-19 patients to ensure they are not overusing higher levels of PPE. Refer to the CDC and WHO guidelines.

**PERSONNEL MANAGEMENT**

Report crew exposures in NFIRS reports.

Conduct daily reports on number of additional people needed to cover COVID-19 responses and quarantined responders.

Review your list of quarantined staff members, check in on their health, and update potential return-to-work dates in your scheduling solution.

Have a daily check-in/checkout process that includes checking the wellness of staff coming into work and returning home. This could include temperature checks at the beginning, middle, and end of shifts. Establish a location and protocol for staff leaving to change clothes and decrease any risk of contaminated items going to their home.

Decrease crews being out in the community except for emergency response, including limiting trips to grocery stores, cafes, and public events. This can include proactively canceling non-essential public education events. If possible, have groceries delivered into stations.

Have a plan that includes logistic support, medical support, and crisis intervention for responders who have possible exposures and may need quarantine. Hotels have space because of decreased business.

With advanced planning, that may be an option. The cost of this shelter should be submitted as part of disaster response cost and include the cost of the employee in quarantine.

Communicate frequently with your team about what is occurring in the department, what is being done to address concerns, and have a process for questions to be submitted and answered. Ensure personnel on all shifts and at all locations are receiving the same information.

Communicate with human resources and worker compensation programs on a plan to help take care of responders who become ill because of work-related activity.

Prepare for particularly stressful and taxing weeks ahead as communities reach their COVID-19 peak. First responders are likely to be strained by work, home and societal pressures.

Assess the ability to help responders to incur minimal economic impact if they become ill due to an exposure outside of work.

Leverage your learning management systems (online training) to help keep crews busy and focused on productive activities.

Implement social distancing training and programs. This includes no multi-station training, no hydrant testing, and no company-level inspections.

Consider staff levels and consider possible shift schedules as staffing becomes difficult. This may include changing to a decreased schedule such as “12 on, 12 off” to keep resources in service.

Assist your crews in finding appropriate and safe childcare, especially in communities with closed schools, so they may serve your community while ensuring the care of their families.

Assess your mental health resources and how you can and will help crews cope with mental fatigue, potential exposures, and caring for sick family members.
Familiarize yourself, other agency leaders, and crews with the mental health resources available to them. These include:

- **Code Green Campaign**
- **IAFF Recovery Center**
- **NVFC**

Add and/or communicate the availability of telehealth resources that enable face-to-face support during social distancing. This can include technology recommendations and how-to information as well as services offered by your agency’s insurance provider.

Make sure you have Peer Support teams and on-staff mental health resources available during social distancing and station lock down.

### MATERIALS AND FACILITY MANAGEMENT

Increase cleaning of all response vehicles and stations. A written process and policy will help everyone understand the steps and frequency for cleaning and decontamination.

Enact closed-station policies and have a specific identified area in case a patient walks up that doesn’t allow the patient into the station.

Monitor your use of COVID-19–specific PPE relative to your response to patients with COVID-19 symptoms. If your response volume is growing faster than your use of the appropriate PPE, this may indicate PPE shortages or improper protection.

Monitor your inventory of difficult-to-find daily supplies more carefully than usual. In many communities this includes toilet paper, paper towels, and hand sanitizer.

Request needed PPE and difficult-to-find daily supplies through emergency management.

### PREPARING FOR REIMBURSEMENTS, DISASTER DECLARATIONS, AND SIMILAR

Conduct daily reports on staffing, overtime costs, physical resources used such as PPE and vehicles, and time spent with command staff planning, meeting, and working on the COVID-19 outbreak and response.

These records should be used to complete a daily request and cost tracking. These records can be completed using FEMA ICS Forms with information that is collected in your daily schedule, incident reporting, and asset tracking.

Make sure your staff completes a daily ISC Form 214 addressing what they did that day. This shows a record of activities and verifiable information about expense related to disaster.

Remember most disaster declarations are tied to the Federal Disaster Declaration beginning January 27, 2020.

Follow purchasing processes that match your purchasing guidelines in local disaster plans so you can meet reimbursement eligibility requirements. It is wise to track all receipts and expenditures.

### COLLABORATION WITH GOVERNMENT AND HEALTH PARTNERS

Have frequent meetings with local health officials for updates and communication on the current situation.

Provide data from your NFIRS or ePCR system to contribute to a clear, fact-based understanding of your community’s situation.

Establish a confirmed plan, in writing, with local health officials on how notification will occur and for feedback on positive confirmation of cases that your agency has transported or contacted. This should include how quickly your agency will be contacted and the point of contact for each involved agency or entity. Have a similar plan with the hospitals to which you routinely transport patients. For agencies using ESO Health Data Exchange, this technology can assist.

Follow only fact-based recommendations from CDC, WHO, and your local health authority. Remember, social media is not scientifically factual and can provide inaccurate information.

Review FEMA’s guide for first responders on operational capabilities during a pandemic.

### FOR MORE INFORMATION VISIT

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