***Suggested best practices for fire department calls***

***Please consider the following in your responses.***

Consider yourself and everyone else out there infected.

**ALARM CALLS**

Limit as much as possible contact- ex. Smoke alarm call send in one firefighter vs-3-5, unless necessary.

Med gloves for smoke alarm calls.

Consider door handles, alarm panels, door knobs.

If people are outside the door request that they back away and give responders their minimum 6 feet of separation.

Consider applying hand sanitizer to outside of medical gloves prior to removal, once removed dispose of in a separate bag, reapply hand sanitizer to bare hands and then wash hands again back at station.

Consider limiting amount of equipment to bring in to a scene, bring what is necessary, just remember what you bring in may have to be sanitized decontaminated. TICs, hand tools, 4-gas monitors, whole jump kits (think what you can pull out of bag prior to pt. contact).

Consider removal of your jewelry, watches, rings, cell phones, wallets etc. prior to going on a call- these are multi-faceted items and harder to decon/sanitize than skin. If not removed consider how to decon these items.

**MVAs/ Trauma:**

Attempt to limit numbers of responders with close contact with patient.

If cannot be avoided, consider those closest to patient(s) wear N-95 masks. Eye protection should be worn.

Consider double gloving. (med)

Limit tools brought to the site, saves on decon later.

Consider carrying several large garbage bags on your apparatus to place contaminated PPE(turnout gear or light wildland/extrication gear) into prior to leaving the scene. If suspect contamination with bodily fluids including sputum or droplets doff gear and place into bags. Do not wear back into the apparatus.

Consider everything that has been touched on apparatus or person. Inside and outside door handles, radios, radio knobs, steering wheels, seats, dash,, compartment doors, turning signals, keys shift levers, any tools, Clean and disinfect using wipes or spray and wipe with paper toweling- dispose.

If possible wash your gear, preferably at the station.

Dispose of med gloves, wipes etc appropriately.

Consider washing street/station clothes ASAP.

Consider having responders bring extra sets of clothing to station.

 Consider showering ASAP. If possible, at the station. At a minimum WASH YOUR HANDS/FACE AGAIN. **If suspected exposure bring extra clothes and showering at the station before returning to home/work.**

PPE burn through-Look hard at what PPE needs to be disposable, and what can be reused if sanitized, but be smart about it. Not everyone at the scene may need full-blown PPE unless distancing cannot be avoided/direct pt contact.

**Hand sanitizer**- Consider carrying some or several on each piece of apparatus- also have spread out around the station- Kitchen- bathrooms- meeting rooms-training- engine bay. Consider carrying small bottles in each responder PPE.

**STATION**- Don’t forget your station. Wipe down/sanitize frequently touched surfaces – inside and outside door handles, door surfaces, your kitchen and bathroom areas. Include faucets and containers of cleaners/detergents. Air compressors, portable radios and mics, computers, keyboards, mouses, desk tops and counter tops, file cabinets. Think about personal vehicles- doors steering wheels, keys shift levers etc.

**Suggested that everyone monitor their temperatures twice a day. If they have an elevated temp >100.4F or don’t feel well STAY HOME!!! Let officer in charge know if sick (for staffing and response purposes, how many people do I have?)**

**Documentation of people in close proximity of suspected COVID case? Proper channels for testing of personnel if needed? Are suspected patients going to be tested and will we get notified of test results? How? When? ETC....**