



**Chetwynd Fire Department**  
***Pandemic Response Guidelines***  
***For COVID-19***

*Revised July 15, 2020*

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## Purpose

The Chetwynd Fire Department is committed to providing a safe and healthy workplace for all personnel while maintaining the highest service levels possible. The protective measures and guidelines defined in this document will help to ensure these objectives are met.

All fire department personnel must follow the procedures and guidelines in this plan to prevent and reduce the likelihood of exposure to COVID-19 and further reduce the impact to our organization and the community.

This plan is intended to be used as a reference document and supplement existing Operational Guidelines and municipal policy as well as the District of Chetwynd Fire Department Business Continuity Plan.

## Background

COVID-19 is a highly contagious respiratory illness caused by a virus which is constantly changing and mutating. A pandemic occurs when there is an abrupt and major change in the protein structure of the virus resulting in a new subtype. When this occurs, people have little or no immunity to the new strain which can cause it to spread very quickly.

When an outbreak occurs in one or more countries or worldwide, the event is called a pandemic. The World Health Organization declared the COVID-19 outbreak a pandemic on March 11, 2020.

Research scientists and health professionals agree the effects of this pandemic on the public at large will be both widespread and disruptive. The impact on all businesses is expected to be dramatic as well as result in significant rates of absenteeism due to illness. The Chetwynd Fire Department is not immune to these potential risks and proactive measures are being implemented to minimize their impact.

## Assumptions

The following assumptions are made based on the most current information available:

- The “Chetwynd Fire Department Pandemic Response Guidelines” is intended to control and limit the rapid spread of an infectious disease.
- The plan assumes there is no immunity at this time and that a high risk of contraction exists.
- Employee absenteeism due to illness could range from 15% - 80% of our available workforce.
- A pandemic usually spreads in two or more waves.
- A second wave may occur within three to nine months of the initial outbreak.
- Waves are expected to last six to eight weeks.
- Until a vaccine is made available, the primary focus should be on limiting spread through decreased contact, improved personal hygiene, and maintenance of a clean work environment.
- Service levels of the fire department are likely to be impacted as a result.

## Prevention

### Personal Hygiene

Personal Hygiene measures will aid in minimizing COVID-19 influenza transmission and must include:

- Cover nose and mouth with a sleeve or tissue when sneezing or coughing.
- Turn head away from others when sneezing or coughing.
- Dispose of used tissues immediately.
- Wash hands frequently.
- Keep hands away from eyes, nose and mouth.
- Maintain social distancing of 2 meters whenever possible.

### Hand Hygiene

Hand hygiene is one of the most effective ways to minimize the risk of infection. Hand hygiene can be performed with soap and warm water or by using waterless alcohol-based hand sanitizers. These are located throughout the station as well as all apparatus and support vehicles. Proper hand washing helps prevent the transfer of infectious materials from the hands to other parts of the body - particularly the eyes, nose, and mouth - or to other surfaces you handle.

All Chetwynd Fire department personnel should wash their hands:

- A minimum of once per hour.
- Before eating, drinking, touching their face.
- After removing PPE.
- After removing gloves.
- After you return to the fire station from emergency and non-emergency duties.

Hand washing procedures:

- Wet your hands with clean running water.
- Apply soap and lather by rubbing your hands together. Be sure to get the back of your hands, between your fingers, and under your nails.
- Continue scrubbing for at least 20 seconds.
- Rinse your hands under clean running water.
- Dry your hands with a clean towel.

Waterless hand sanitizers can be used as an alternative to handwashing if access to clean running water is not available.

## Cleaning

Regular cleaning remains the responsibility of all Chetwynd Fire Department personnel who are required to actively participate in maintaining a clean work environment and maintaining the existing cleaning schedules. Telephones, Mobil Data Terminals (MDTs), keyboards, and computer mice are particularly susceptible and should be cleaned using disinfectant wipes.

### Cleaning of the Fire Station and Apparatus

Enhanced cleaning of the fire station and apparatus is being implemented as an additional preventative measure. In addition to the general cleaning referenced above, the following hall and apparatus cleaning will be done on a weekly basis:

- Wipe down all high contact areas including countertops, doorknobs, switches, handrails, workstations and handles.
- Workstations are to be cleaned by the user before starting work.
- All high contact areas in food preparation and eating areas.
- High contact surfaces in apparatus including door handles, handholds, steering wheel, dashboard, console, switches and buttons, radio and mic. See **Appendix F** for additional radio cleaning instruction.
- Apparatus is to be cleaned and disinfected once a week and after every call.

The cleaning of the fire station and apparatus outlined above is to be considered the minimum required frequency and extent. Surfaces frequently used by more than one user should be cleaned more often. See **Appendix E** for Cleaning and Disinfecting procedures will.

### Social Distancing

Social distancing is the process of maintaining a physical separation between individuals to reduce the chance of spreading the disease. Social distancing includes eliminating hand shaking and maintaining a two-meter separation from other individuals whenever possible. Social distancing also includes eliminating non-essential meetings and gatherings. Use electronic mediums to communicate whenever possible.

COVID-19 and influenza are primarily contracted from direct exposure to viruses expelled during respiration, coughing and sneezing. A secondary source of exposure is contact with surfaces or objects that have been contaminated by an infected individual. The spread of COVID-19 and influenza can be greatly reduced through elimination of contact with others and maintaining proper hygiene.

Social distancing protocols for Chetwynd Fire Department personnel should include:

- Maintain social distancing during meetings to minimize contact between individuals and groups.
- Restrict training activities to evolutions that can be completed in isolation of other agencies and limit personal contact.

Social distancing relies heavily on voluntary compliance within the workplace and will slow the spread of disease provided there is a high level of compliance.

## Additional Hygiene Practices

Additional hygiene practices will help reduce the risk of the transmission of COVID-19 and influenza:

- When reporting for duty use the designated firefighter entrance (rear door of the station). Leave the door open if other members are expected.
- Perform self-screening protocol; wash your hands and disinfect your cell phone.
- DO NOT handle other members turn out gear.
- Wash or sanitize your hands before leaving the station.

## Wellness and Personal Care

CFD members are reminded to maintain their focus on personal wellness. The 10 points will help to strengthen your immune system and ensure it is functioning well should you be exposed to the COVID-19 virus. They will also help you face the stressors associated with the COVID-19 Pandemic over the coming months.

### 10 Ways to Help Strengthen Your Immune System

1. **Get adequate rest/sleep.** Sleep deprivation and stress overload increase the hormone cortisol, prolonged elevation of which suppresses immune function.
2. **Keep stress levels in check.** Incorporate active (playing sports, getting out in nature, walking the dog, exercise) and passive (meditation, practice gratitude, hobbies) ways to reduce stress and help to maintain perspective.
3. **Exercise regularly.** Regular physical activity can strengthen your immune system and help your body fight off infections and viruses. Aim for at least 30 minutes of physical activity at least three days a week.
4. **Avoid tobacco smoke.** It undermines basic immune defenses and raises the risk of bronchitis and pneumonia in everyone, and middle ear infections in children.
5. **Drink less alcohol.** Excessive consumption impairs the immune system and increases vulnerability to lung infections.
6. **Eat real food. Not too much. Mostly plants.** Eat plenty of vegetables, fruits, nuts, and seeds, which will provide your body with the nutrients (vitamins and minerals) your immune system needs.
7. **Go for the garlic.** Garlic is a broad-spectrum antimicrobial agent and immune booster.
8. **Give your brain a break** (a few times every day). The constant stream of news related to COVID-19 through various forms of media can cause 'headline stress' for some folks. Limit the amount of time you listen to or watch the news and especially avoid doing so before going to sleep. You may consider putting a time limit on when and how often you consume the news.

9. **Probiotics.** The main role of our gastrointestinal (GI) tract (or gut) is as a barrier. Over 70% of our immune system is in the gut. While it is important to reduce/eliminate the source of the irritants (like alcohol, junk food, sources of stress, and dairy and grains for some) it is also important to help build up and replace probiotics lost.
10. **Vitamin D.** Plays an important role in immune function, healing, and helps maintain and improve teeth and bone strength. The two best ways to get vitamin D are by exposing your bare skin to sunlight (10 – 15 minutes) and by taking vitamin D supplements.

## Communications

The Chief or Duty Officer will be the primary contact for department members. The Chief will work closely with the District of Chetwynd, BC Fire Chief's Association, and the Health Authority to keep all personnel informed and up to date.

## Responsibilities

Below are reminders of, and additional duties and responsibilities for officers and firefighters:

### Officer responsibilities:

- Ensuring the health and safety of all workers under their direct supervision.
- Ensuring all members have appropriate and fitted PPE.
- Ensuring members are adequately trained to identify hazards and minimize the risk of exposure.
- Enforcing, upholding, and adhering to the policies of the department and the recommendations of this document.
- Send employees who are ill or displaying symptoms of illness home.
- Report all possible exposures.
- DO NOT report to work if you are ill or experiencing COVID-19 symptoms.
- Go home if you become sick or begin experiencing symptoms; and
- Follow the self-monitoring and self-isolation recommendations found in **Appendix G**.

### Firefighter responsibilities:

- Take all reasonable measures to protect their health and safety.
- Carry out their work in accordance with established safe work procedures.
- Wear appropriate PPE when required.
- Report any potential exposure to your supervisor.
- DO NOT report to work if you are ill or experiencing COVID-19 symptoms.
- Go home if you become sick or begin experiencing symptoms.
- Adhere to the policies of the department and follow the direction of their supervisor.
- Follow the self-monitoring and self-isolation recommendations found in **Appendix G**.



## Apparatus COVID-19 Kits

Each fire apparatus shall carry a minimum of the following COVID-19 PPE.

Engine 1 and Rescue 4:

- 10 x N95 respirators
- 10 x nitrile gloves
- 10 x safety glasses
- 10 x Tyvek/Tychem coveralls
- 5 X goggles or face shield

Engine 2 and Tender 3:

- 2 x N95 respirators
- 2 x nitrile gloves
- 2 x safety glasses
- 2 x Tyvek/Tychem coveralls
- 5x Goggles or face shield

## Firefighter COVID-19 PPE

Firefighters should carry the following COVID-19 PPE in addition to their Turnout Gear:

- 1 x N95 respirators
- 1 x nitrile gloves
- 1 x safety glasses

## PPE and Decontamination Protocol for Motor Vehicle and Ambulance Assist Responses

- Minimum PPE for all CFD personnel during medical aid responses, will include an N95 respirator, safety glasses, nitrile gloves, IFR coveralls, Tyvek coveralls (to go over IFR coveralls) and booties.
- Full PPE for medical aid responses where COVID-19 and/or other infectious disease is suspected, will also include safety glasses with eye shield or goggles.

- If PPE was not exposed to a potential COVID-19 patient and/or otherwise compromised, it may be repackaged. If any doubt exists, err on the side of caution and dispose of all questionable PPE.
- Driver/Operators must establish a temporary isolation area and set up disposal and decontamination supplies before personnel exit the Hot-Zone to doff their PPE.
- After the patient is in care of BCAS paramedics and CFD assistance is no longer required, personnel involved in direct patient treatment must temporally isolate while they systematically doff their PPE and decontaminate.
- Exposed, potentially exposed, soiled or damaged PPE must be systematically doffed, bagged and stored in an outside cabinet for transportation back to the fire station.
- All contaminated PPE must be immediately and carefully deposited into the fire station dumpster. Contaminated PPE is not to be disposed of in garbage containers located in the fire station.

## IFR Coveralls

- If IFR coveralls are exposed and/or potentially exposed, it should be systematically doffed, bagged and transported in an outside cabinet.
- Firefighters should be decontaminated following established protocols before leaving the scene.
- Minimum PPE (glasses, gloves and mask) must be worn while handling contaminated coveralls or other clothing when being laundered.
- Care should be taken to avoid hugging clothing when placing them into the washing machines.
- Soap and detergent have a high affinity for the fatty exterior of the COVID-19 virus and are effective in removing/eliminating the virus.

## Medical Aid Response – General Recommendations

Officers and firefighters should get warnings from BCAS for patients that fall into the COVID-19, Influenza- Like-Illness (ILI), or Sick Person category. BCAS dispatchers will provide a positive or negative assessment. Negative assessment states that Flu like symptoms are not present with the patient. Positive assessment states that the patient has been exposed or may be experiencing flu like symptoms.

## **Medical Aid Response – Wait for Ambulance (if dispatched in this manner)**

Officers and firefighters shall monitor dispatch information for indications of COVID-19, Influenza-Like-Illness (ILI), or Sick Person Influenza like illness, Sick Person, Wait for Ambulance, or Code 9 (infectious patient) notifications. If a Wait for Ambulance is indicated the following guidelines shall be followed:

- While responding, Officers and firefighters shall monitor Fire dispatch for any additional information pertaining to the incident.
- Upon arrival Officers will refresh their MDT's and review the BCAS dispatch notes for additional information.
- In the event that a positive notification is provided by BCAS dispatch, CFD units should stage and standby for BCAS paramedics to arrive prior to entry into the Warm-Zone or Hot-Zone.
- Officers shall conduct a face to face briefing with BCAS paramedics, establish an action plan and a communication plan.
- While staged and waiting for BCAS Paramedics to assess the patient, CFD personnel should don PPE and standby to assist BCAS paramedics.
- If BCAS paramedics do not require assistance, PPE can be doffed and repacked into Personal COVID-19 Kits if it is prudent to do so. Damaged or soiled PPE must be disposed of and replaced as soon as possible.
- If BCAS paramedics require assistance, the minimum effective number of first responders should enter the Hot-Zone to assist.
- The Driver/Operator must establish a temporary isolation area and set up disposal and decontamination supplies before personnel exit the Hot-Zone to doff their PPE.
- After the patient is in the care of BCAS Paramedics and CFD assistance is no longer required, personnel involved in direct patient contact must temporally isolate while they systematically doff their PPE and follow decontamination procedures.

## **Medical Aid Response – Ambulance Arrives First**

When CFD arrives after BCAS Paramedics are already on scene, use the following guidelines:

- While responding, Officers and firefighters shall monitor Fire dispatch for any additional information pertaining to the incident.
- Upon arrival Officers will refresh their MDT's and review the BCAS dispatch notes for additional information.
- If possible, Officers shall conduct a face to face briefing with BCAS paramedics in the Cold-Zone, establish an action plan and a communication plan.
- If CFD services are not required personnel should stay clear from the Warm-Zone and clear as soon as possible.

- If CFD services are required, personnel will don appropriate PPE based upon the nature of the call, potential hazards and other anticipated support functions.
- Stage in a suitable area and limit the number personnel entering the Warm-Zone / Hot-Zone.
- Minimum PPE for all CFD personnel during medical aid responses, will include an N95 respirator, safety glasses, nitrile gloves, IFR coveralls, Tyvek coveralls (to go over IFR coveralls) and booties
- Full PPE for medical aid responses where COVID-19 and/or other infectious disease is suspected, will also include safety glasses with eye shield or goggles.
- If BCAS paramedics require assistance, the minimum effective number of first responders should enter the Hot-Zone to assist.
- The Driver/Operator must establish a temporary isolation area and set up disposal and decontamination supplies before personnel exit the Hot-Zone to doff their PPE.
- After the patient is in care of BCAS paramedics and CFD assistance is no longer required, personnel involved in direct patient contact must temporally isolate while they systematically doff their PPE and follow decontamination procedures.

## **Medical Aid Response – Fire Arrives First**

Officers and firefighters will monitor dispatch information for indications of COVID-19, Influenza- Like-Illness (ILI), or Sick Person, Wait for Ambulance, Wait or Code 9 notifications. If a Wait for Ambulance is not indicated the following guidelines must be followed:

- While responding, Officers and firefighters shall monitor Fire Dispatch for any additional information pertaining to the incident.
- Upon arrival Officers will refresh their MDT's and review the BCAS dispatch notes for additional information.
- If prudent, have Fire Dispatch contact BCAS Dispatch prior to entry for additional patient information as well as patient contact information.
- If CFD units arrive first and there is no wait notification, conduct a size-up and attempt to establish contact with the patient or family members prior to entering any potentially contaminated areas.
- If patient contact is possible via telephone or intercom, initial patient assessment/questioning can begin remotely.
- If patient contact is not possible via telephone or intercom, attempt patient assessment from a minimum distance of 3 meters while wearing appropriate PPE.
- Limit access to patient to as few personnel as is required.
- Driver will remain at apparatus and prepare to assist with decontamination of returning members.
- If no critical life interventions are required, maintain a 3-meter distance and avoid patient contact. Monitor condition from a distance and wait for BCAS.

- If critical life intervention is required, 1 member will attend to the patient and if necessary, request additional assistance or resources.
- CPR should be performed with 3 people, 1 providing compressions and 2 providing assistance.
- Dispose of or secure all PPE prior to entering apparatus.

## Staffing Considerations

The information available at this time indicates the CFD may experience staffing vacancies and service level disruptions during the pandemic. Some proactive and preventative measures are being implemented immediately in to minimize these impacts; however, planning is required to address potential future disruptions. We are currently working on Mutual Aid agreements with Moberly and Hudson's Hope in the event of a Department illness.

## Fire Inspections

During the COVID-19 pandemic all routine inspections have been suspended as proposed by the Fire Chief's Association of BC. Inspections will resume when safe to do so as per Fire Chiefs Association recommendations. Follow the Fire Chiefs recommendations and wear PPE.

## Fire Investigations

After the suppression of a structure a fire, a fire investigation will be carried out and/or initiated by the officer in charge. Ensure that social distancing at any fire scene examination is maintained. All required PPE shall be worn at all times during the investigation. All witness statements and interviews are to be conducted by Chetwynd Police members by telephone.

## Public Education and Community Events

Currently all public education programs are suspended (no exceptions). This includes all scheduled and unscheduled fire station tours. No public access to any station (notices should be posted).

## Training

New training parameters are in effect. A larger training room with social distancing in mind will be provided. Online courses are available and can be arranged through the Training Officer. Chris Lirette is available by email or telephone. Smaller group training will be practiced and maintained until further notice.

## Policy and Guideline Summary

In closing, we would like to acknowledge this is a unique time in the history of our fire department. The policies and guidelines developed in response to this pandemic were done through careful consideration, consultation, and collaboration with the guiding principle of preventing the rapid spread

of this disease through our organizations and protecting the health of those who provide such a valuable service to the citizens of Chetwynd.

The following policies and guidelines will remain in effect until further notice:

### **Cleaning of Fire Station and Apparatus**

- wipe down all high contact areas including countertops, doorknobs, workstations, handles and fire apparatus surfaces.
- wipe down all high contact areas in food preparation and eating areas.  
wipe down all high contact areas including countertops, doorknobs, workstations, handles and fire apparatus surfaces.

### **Social Distancing**

- Maintain social distancing to minimize contact between groups.
- Restrict training activities to evolutions that can be completed in isolation of other stations and limit personal contact.
- DO NOT handle other members turn out gear at shift change.
- Avoid overcrowding when eating.

### **Responsibilities - Supervisor**

Officer responsibilities include:

- Ensuring the health and safety of all workers under their direct supervision.
- Ensuring all staff have appropriate and fitted PPE.
- Ensuring members are adequately trained to identify hazards and minimize the risk of exposure.
- Enforcing, upholding, and adhering to the policies of the department and the recommendations of this document.
- Send employees who are ill or displaying symptoms of illness home.
- Report all possible exposures to Administration. Follow the Self Monitoring, Self Isolation, and Isolation recommendations **Appendix G**. Contact Iridia Medical's COVID-19 Support Services with any questions or guidance needs.

### **Responsibilities - Employee**

All employees will:

- Take all reasonable measures to protect their health and safety
- Carry out their work in accordance with established safe work procedures
- Wear appropriate PPE when required
- Adhere to the policies of the department and follow the direction of their supervisor

- DO NOT report to work if you are ill or experiencing symptoms
- Go home if you become sick or begin experiencing symptoms
- Adhere to the policies of the department and follow the direction of their supervisor
- Follow the Self Monitoring, Self Isolation, and Isolation recommendations **Appendix G**

### **Responsibilities and Recommendations for Medical Aid Response with Suspected Illness**

- Members are required to wear Turn Out Gear for medical aid response.
- Officers will watch for “ILI”, “influenza like illness”, “sick person”, or “wait” notification.
- Officers will refresh their MDT’s on arrival and review the BCAS dispatch notes prior to attending to patient.
- If suspected “ILI”, attempt to contact patient via telephone or intercom if possible.
- Attempt to maintain a 3-meter distance at all times when possible.
- Limit access to patient to as few personnel as is required.
- Driver will remain at apparatus and prepare to assist with decontamination of returning members.
- If no critical life interventions are required, maintain a 3-meter distance, avoid patient contact.
- If critical life intervention is required, 1 member will attend to the patient and if necessary, request additional assistance or resources.
- CPR should be performed with 3 people, 1 providing compressions and 2 providing assistance.
- Monitor condition from a distance and wait for BCAS.
- Doff and store all PPE prior to entering apparatus.
- Follow decontamination procedures in **Appendix B**

## Appendix A - Resource Directory

- Registered nurses at Health Link BC 24 hours a day –Call 8-1-1
- Information on provincial health services - <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza>
- Frequently Asked Questions on public health, for members of the public and public health professionals– <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/about-public-health>
- Information related to the health sector response to pandemic influenza, including BC Pandemic Preparedness and Planning Materials - <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/pandemic-influenza>
- Pandemic Influenza Preparedness and Response plan, prepared by BC Pandemic Influenza Advisory Committee (BCPIAC), which reports to the Provincial Health Officer (PHO) through the BC Center for Disease Control (BCCDC) – [http://www.bccdc.ca/resource-gallery/Documents/Epid\\_Guidelines\\_PandemicPlan\\_20090609.pdf](http://www.bccdc.ca/resource-gallery/Documents/Epid_Guidelines_PandemicPlan_20090609.pdf)
- Provincial government’s strategy for cross-ministry coordination internal and external communications and provincial government business continuity in response to public health events that are pandemic in nature - <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/provincial-emergency-planning/pandemic-provincial-coordination-plan.pdf>
- Information on managing severe secondary consequences of pandemic influenza in BC, tripartite agreement between the Ministry of Health and EMBC - <https://www.crd.bc.ca/docs/default-source/emergency-pdf/bc-pandemic-influenza-consequence-management-plan.pdf>
- Links to 5 regional health authorities - <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/regional-health-authorities>
- Information on coordinated highly specialized health services, including links to a number of provincial agencies and services - <https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities/provincial-health-services-authority>
- Province’s Crisis Communications Strategy for Major Provincial Emergencies – <https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/provincial-emergency-planning/public-information-annex.pdf>
- Information from Emergency Management BC on personal preparedness– <https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc>
- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>



## Appendix B – BioHazard Decon Gear Procedure

### DOFFING Biohazardous Gear

Responders will doff the PPE in the following steps, according to observer's instructions:


- 1) Relocate to edge of warm zone exclusion (see note below)
- 2) Prepare a biohazard bag
- 3) Remove goggles by grabbing the sides and rotating over head towards back. Place in ziplock bag, seal and decon upon return to the station.
- 4) Pull hood back from head and remove suit hood
- 5) Unzip the suit
- 6) Peel suit inside-out, rolling it down to the feet
- 7) Remove booties, rolling them out of station boots
- 8) Remove latex gloves with "glove-in-glove" technique
- 9) Wipe hands using the Oxivir Tb wipes and followed by hand sanitizer
- 10) Put on a new pair of latex gloves
- 11) Remove mask and put in a bag
- 12) Wipe down face and neck using Oxivir Tb wipes
- 13) Roll up all items to be disposed, put in a garbage bag and seal. Garbage bag should be placed outside the cab in a trash bin, for transportation.
- 14) Remove latex gloves with "glove-in-glove" technique and put into outside trash line bin. Upon return to station, REMOVE bag and put into dumpster outside of station utilizing gloves.

Decon Equipment: Wearing Disposable Gloves, wipe down all equipment (wipes and/or soap/water) PRIOR to reloading into engine. Dispose of gloves, paper towels and wipes in garbage bag and store in trash line bin until returned to the hall where it will be disposed of in outside dumpster.

**\*NOTE:** The doffing area is dependent on the call type and amount of contamination. Officers can use discretion in determining where to doff gear. For example, a nursing home where contamination through cough droplets may have occurred. In this case, doffing could be performed in the hallway outside the room of patient, rather than outside the building.


If members are grossly contaminated, they could be removed from the building all together and deconned outside, then doffing gear.

In a residential house Doffing just outside front entryway in fresh air away from railings etc. would be satisfactory. In all cases, excluded members should maintain distance from contaminated responders in PPE until they have completely doffed gear.



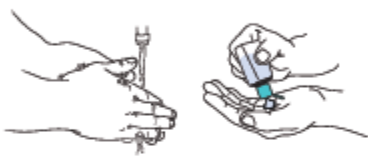
# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health




## The 5 steps to Don (put on) Personal protective equipment (PPE)

1 Hand hygiene




Clean all surfaces of hands and wrists

2 Gown




Cover torso and wrap around back, fasten in back of neck and waist

3 Surgical/procedure mask




Secure ties at middle of head and neck, fit nose band to your nose and pull bottom down to completely cover chin

4 Eye protection




Place goggles or face shield over face and eyes and adjust to fit


5 Gloves



Extend to cover wrist of gown




Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.





# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## The 6 steps to Doff (take off) Personal protective equipment (PPE)

### 1 Gloves



Remember, the outside of gloves are contaminated. Grasp palm area of one gloved hand and peel off first glove. Slide fingers of hand under other glove at wrist and peel off. Discard in regular waste.

### 2 Gown



Unfasten ties, pull gown away from neck and shoulders, touching ONLY the inside of the gown. Turn gown inside out and roll into a bundle. Discard in regular garbage.

### 3 Hand hygiene



Clean all surfaces of hands and wrists

### 4 Goggles or face shield



Do NOT touch the front of them. Discard in regular garbage or put in receptacle for reprocessing.

### 5 Surgical/procedure mask



Grasp ties or elastics at back and remove WITHOUT touching the front. Discard in regular garbage.

### 6 Exit room/Hand hygiene



Clean all surfaces of hands and wrists and exit room

**IF AT ANY TIME DURING THIS PROCESS YOU BECOME CONCERNED THAT YOU MAY HAVE CONTAMINATED YOUR HANDS, STOP AND DO HAND HYGIENE AN ADDITIONAL TIME**



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.



## **Appendix D - CLEANING AND DISINFECTING PROCEDURES**

### **SCBA**

Follow the cleaning and disinfecting procedures for SCBA outlined below, including minimum contact times.

#### **Cleaning the Face Piece:**

- Remove the mask mounted regulator from the face piece.
- If face piece is heavily soiled, first wash face piece with mild soap and water.
- Wipe all surfaces with alcohol cleaning wipes.
- To sanitize or disinfect the face piece, use Benefect Decon spray bottle and apply to all surfaces of the face piece.
- Set face piece aside and allow for a minimum of 30 seconds contact time.
- Rinse face piece with clean flowing water.
- Shake excess water from face piece and dry with clean lint free cloth or air dry.

Caution, DO NOT:

- “dunk and slosh” face piece.
- Polish with paper towel.
- Use automatic washer.

#### **Cleaning the Regulator**

- Remove the mask mounted regulator from the face piece.
- Using sponge or soft cloth and Benefect Decon spray (let sit 30 secs), wipe the external surfaces of the regulator.
- Depress the donning switch and close purge valve.
- Spray Benefect Decon solution (let sit 30 secs) into regulator opening being sure to cover all surfaces
- Set aside and allow for two minute contact time.
- Rinse regulator, inside and out, with clean gently flowing water.
- Shake excess water from regulator.
- Connect regulator to SCBA and open purge valve to remove any excess water.
- Ensure thoroughly dry prior to use.

Caution, DO NOT:

- “dunk and slosh” regulator
- Use automatic washer

### **IFR Coveralls**

Follow the cleaning and disinfecting procedures below.

- Coveralls are to be pretreated with water and bleach solution (see Appendix E) and soaked for 10 minutes.
- Wash gear in an automatic washer using warm water and detergent.
- After drying in a dryer, hang in locker.

## Appendix E - CLEANING AND DISINFECTING PROCEDURES

### EQUIPMENT, APPARATUS, HARD SURFACES

When cleaning and disinfecting hard surfaces and frequent contact areas on apparatus, it is imperative that members follow the manufacturer's recommendations and directions for use.

**Medical gloves are NOT to be used for hall cleaning; they are to be utilized exclusively for PPE while providing medical aid.**

Industrial grade disposable gloves (Grease Monkey) have been provided at all stations for performing enhanced hall cleaning. This will help to ensure an adequate supply of medical grade PPE gloves for our members when required.

Chetwynd Fire Department cleaner's disinfectants approved for use:

<b>Oxiver Tb Wipes</b>	Wipe all areas of contact in firehall and fire apparatus
<b>Benefect</b> <b>*for SCBA use only</b>	Requires contact period of 30 seconds to ensure disinfection
<b>Isagel/ Alchol based hand sanitizer</b> <b>*for personal use</b>	Place small amount in palm of hand, rub product into hands, including back of hands and in between fingers, allow to dry. Wash hands with soap and water every 8 - 10 applications
<b>Bleach &amp; Water Solution</b> <b>*for hall cleaning</b>	1/3 Cup bleach to 1 gallon of water
<b>Disinfex Hard Surface Cleaner – Lysol</b> <b>Disinfecting wipes</b>	Wipe on surface and leave

Where is Presept? Need to add Zochor

## Appendix F - CLEANING AND DISINFECTING PROCEDURES

### PORTABLE RADIOS

#### General Cleaning

For general cleaning, Motorola Solutions recommends mixing one tablespoon of mild dishwashing detergent to one gallon of water (0.5% solution) to clean the external surfaces of the radio. The solution should be applied sparingly with a stiff, non-metallic, short bristled brush, making sure excess detergent does not get entrapped near the connectors, controls or crevices. Do not submerge the radio in the detergent solution. Place the radio under a faucet for rinsing. The radio should then be dried thoroughly with a soft, lint free cloth.

#### Alcohol

An alternative cleaning method is to wipe the housing plastic down with over-the-counter isopropyl alcohol (rubbing alcohol) with no more than 90% isopropyl alcohol concentration. When cleaning with isopropyl alcohol, the alcohol should never be applied directly to the radio. It should be applied to a rag first, then the radio can be wiped down by the rag. Avoid rubbing label or adhesive areas with the alcohol-soaked rag.

#### Decontamination

If there is a risk that the radio and attached accessories may have been exposed to harmful pathogens or carcinogens, the following cleaners have been approved for use on APX series portable radios. For maximum efficacy, it is recommended that the contaminated radio first receive a “general cleaning” as detailed above. Then:

- Utilize Clorox Disinfecting wipes to remove any pathogens

IMPORTANT: Motorola Solutions, Inc. is unable to, and did not, determine whether any particular cleaning product is effective in removing specific foreign substances (including viruses) from the radio. However, the above cleaners and processes have been approved for use by Motorola Solutions, Inc. related to their less degrading effect on the physical radio. Please consult the chemical manufacturer’s documentation for specifics on cleaning product efficacy with regards to foreign substances (such as viruses).

Note: We do not recommend cleaning with chlorine-based solvents, as they may deteriorate the plating used to protect the exposed metal chassis.

## Appendix G - SELF-MONITORING, SELF-ISOLATION, ISOLATION

# KNOW THE DIFFERENCE: SELF-MONITORING, SELF-ISOLATION, AND ISOLATION FOR COVID-19

### SYMPTOMS OF COVID-19



FEVER



COUGH



DIFFICULTY  
BREATHING

### SELF-MONITORING



You have:

- ▶ no symptoms
- AND
- ▶ a history of possible exposure to the novel coronavirus that causes COVID-19, in the last 14 days



SELF-MONITOR means to:

- ▶ **monitor yourself** for 14 days for one or more symptoms of COVID-19
- ▶ go about your day but **avoid crowded places** and increase your personal space from others, whenever possible



You need to **self-monitor** if:

- ▶ you have reason to believe you have been **exposed to a person with COVID-19**



OR

- ▶ you are in **close contact** with older adults or medically vulnerable people

OR

- ▶ you have been **advised to self-monitor** for any other reason by your Public Health Authority



If you develop symptoms, **isolate yourself from others immediately** and contact your **Public Health Authority** as soon as possible

### SELF-ISOLATION

You have:

- ▶ no symptoms
- AND
- ▶ a history of possible exposure to the novel coronavirus due to travel outside of Canada or close contact with a person diagnosed with COVID-19

SELF-ISOLATE means to:

- ▶ **stay at home** and monitor yourself for symptoms, even if mild, for 14 days
- ▶ **avoid contact with other people** to help prevent the spread of disease in your home and in your community in the event you become symptomatic

Self-isolate if:

- ▶ you have travelled **outside of Canada** within the last 14 days

OR

- ▶ your Public Health Authority has identified you as a **close contact** of someone diagnosed with COVID-19

If you develop symptoms, even if mild, **stay home, avoid other people** and contact your **Public Health Authority** as soon as possible

### ISOLATION

You have:

- ▶ symptoms, even if mild
- AND
- ▶ you have been **diagnosed with COVID-19** or are waiting for the results of a lab test for COVID-19

To be **ISOLATED** means to:

- ▶ **stay at home** until your Public Health Authority advises you that you are no longer at risk of spreading the virus to others
- ▶ **avoid contact with other people** to help prevent the spread of disease in your home and in your community, particularly people at high risk of severe illness outcomes such as older adults or medically vulnerable people

You need to **isolate** if:

- ▶ you have been **diagnosed with COVID-19**

OR

- ▶ you are **waiting to hear the results** of a laboratory test for COVID-19

OR

- ▶ you have been **advised to isolate at home** for any other reason by your Public Health Authority

If your symptoms get worse, immediately contact your healthcare provider or **Public Health Authority** and **follow their instructions**

**WE CAN ALL DO OUR PART IN PREVENTING THE SPREAD OF COVID-19. FOR MORE INFORMATION:**

1-833-784-4397

canada.ca/coronavirus

phac.info.aspc@canada.ca

Public Health  
Agence de la santé  
publique du Canada

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