



COVID-19
Marin Fire Operations Area Coordination
(Marin FOPAC)

Version 10

Section I- PPE Supply Management and Supply Chain

- [CLICK FOR SECTION I REFERENCE APPENDIX MATERIALS](#)

Background: Currently most regular supply chains can support routine requests, except items that are facing national shortages. PPE supply orders should go thru the EOC. San Rafael and Novato Fire do not utilize the MACO Warehouse. While the existing medical supply and janitorial supply chains are currently capable of meeting basic needs, there are national shortages of PPE and some cleaning disinfecting products.

Recommendations:

- Departments should order at higher than normal levels in anticipation of higher use of cleaning supplies, disinfectants, etc.
- Set guidelines for use of critical items
- Identify mitigation measures to prevent hitting drawdown for critical items
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Identify single point of contact to manage critical supplies for the department
- Review Health Officer and EMS guidance
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>

Section II – Procedures for Station & Facility Disinfecting Standards and Employee Screening

[CLICK FOR SECTION II REFERENCE APPENDIX MATERIALS](#)

Background: Marin FOPAC developed and approved facility and station disinfection standards for department use March 26th and provided the following updates and recommendations.

Recommendations:

- Wear a face covering in the firehouse. Regardless of social distance this should be done when preparing food.
 - Identify mitigations for large shifts – Alternate mealtimes or add eating locations
 - Wear a face covering within 6’ of other people (In the: Engine, Ambulance and at Station)
- Agencies may adopt the following guidelines for donning and doffing uniforms.
 - <https://marinrecovers.com/reopening>

Identification of Hot/Warm/Cold Zones –	Closed to the public	Open to the public	Uniforms
• Day Room (No Family)	✓		Yes
• Sleeping Area/Dorm	✓		No
• Engine Bay		✓	Yes
• Public Lobby		✓	Yes
• Offices**		✓	Yes
• Training Center		✓	Yes
• Outside the Station		✓	Yes
• Gym and Workout Facilities	✓		No

Section III - Food/Feeding Options for Quarantined/Isolated Employees

[CLICK FOR SECTION III REFERENCE APPENDIX MATERIALS](#)

Recommendations:

- Utilize catering options and identify/assign department staff to food coordination.
 - See attachments for list of food vendors
 - Employees quarantined or isolated at home will not have food provided to them.

Section IV - Off-site facilities for Fire Service quarantines & self-isolation of employees

Departments who have needs for offsite facilities for employees contact the EOC Care and Shelter quarantine@marincounty.org

Section V - Administrative Options for Fire Service employee exposures to COVID-19

Please refer to Employee Exposure Guideline 4.0

https://coronavirus.marinhhs.org/sites/default/files/2020-12/exposure-covid_19-4.0.pdf

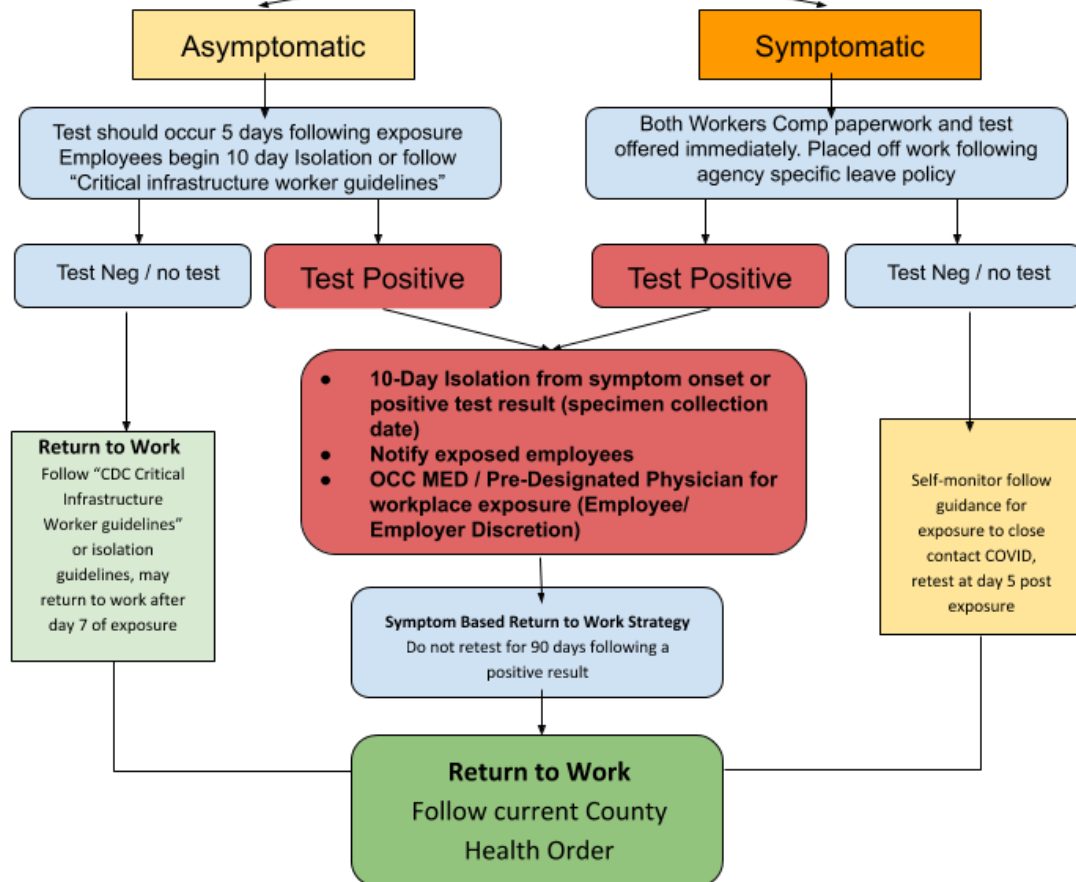
The Covid-19 Exposure flowchart from the Guideline is also posted here for quick reference.

COVID EXPOSURE “Prolonged Close Contact to COVID Positive Person”

HCP exposure: any length of time if unprotected and performing an aerosol generating procedure or cumulative 15 minutes and less than 6’ without mask within 24 hours

Community setting exposure: Cumulative 15 minutes and less than 6’ within 24 hours

- Employee notifies supervisor
- Supervisor notifies agency DICO
- DICO conducts contact tracing starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test collection) until the time the patient is isolated
- DICO notifies potential exposed employees
- Disinfect and clean all fire stations and apparatus where exposure occurred or exposed employees worked
- If employee is confirmed COVID positive, follow agency notification process



- **Recommend Voluntary Testing**

- In general, it is recommended that all public safety personnel be tested every 2 tours or every 2 weeks and any time an employee experiences a symptom.
- Returning from OOC assignments - upon returning (baseline) and follow up test 2-4 days after return.
- Potential exposure or high-risk activity should test ASAP (baseline) and follow up test 2-4 days after.
- Returning from out of area travel - upon return from travel & follow up 2-4 days after

- COVID -19 Point of Testing - sign up prior to test day.
- There is continued effort to identify quality antibody tests for fire and EMS personnel.

References:

Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Public Health Guidance for community-related Exposure
<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Return to Work for Healthcare Personnel with SARS-CoV-2 Infection
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Marin COVID Guide for First Responders V 3.0
https://coronavirus.marinhhs.org/sites/default/files/2020-08/exposure-covid_19-3.0.pdf

Section VI - Disinfecting Sites for Medics, Equipment and Overhead

Recommendation:

Departments continue utilizing their own disinfection systems and equipment.

Section VII - Fire Agency Response Surge Guidelines

[CLICK FOR TASK 9 REFERENCE APPENDIX MATERIALS](#)

Recommendations:

- Establish a process for agencies to evaluate workforce drawdown and implement steps to ensure continued delivery of essential services
- Establish a matrix to identify surge levels and provide tactical actions to respond to the response challenges that are anticipated.

Reference Plans:

Marin Op Area COVID-19 Staffing and Resource Drawdown Plan
Marin Response Matrix COVID-19

Section VIII - Employee Health and Wellness

Recommendations:

- Encourage company officers to conduct daily checks with crews in the morning/ and whenever employee shows signs of stress or anxiety
- Create a behavioral health messages (can be including in department IAPs as determined)
 - Message should include IAFF COVID-19 Behavioral Health Flyer/ Resiliency During Pandemic Handout
- Provide links to other resources related to behavioral health (BH) and COVID-19
- Ensure all EAP information is readily available for employees
- PEER Support members for each organization check in with members on weekly basis
- Provide support for spouses in need through EAP
- Notify BH Peer Support when an individual is under quarantine or isolation so they can check in with individual.

Additional Resources:

[IAFF — COVID-19 Behavioral Health Considerations](#)

[IAFF — Guide to Managing Coronavirus Anxiety](#)

[IAFF — Helping Your Family Cope with COVID-19](#)

[IAFF — What to Expect in Quarantine](#)

[COVID-19 Guide for Peer Supporters](#)

[online-meetings](#)

<https://healingourown.org/covid19>

[Information for Firefighter Spouses – Iverson Foundation for Active Awareness:](#)

A moderated conversation for firefighter spouses on getting through the COVID-19 crisis, including Dr. Mynda Ohs, a mental health provider and firefighter spouse, and Aimee Good, a UCSD ER nurse.

Section IX – Patient Tracking

Background: The “Patient Contact Tracking” system is designed to help facilitate proper tracking and notification of first responders of potential exposures to communicable diseases per CA SB 432/Ryan White Act.

The following questionnaire will help the FIRE BRANCH DIRECTOR and AGENCY DESIGNATED INFECTION CONTROL OFFICER (DICO) to better assist personnel with following up on COVID-19 Screen Positive Patients (SPP) or Patient Identified as a Person Under Investigation (PUI) or Test Positive Patients. The questionnaire is designed to be completed ON EVERY PATIENT CONTACT. If there are any discrepancies, questions, concerns or personnel would like a DICO Consultation, personnel are encouraged to contact their identified Department Infection Control Officer or Fire Branch Director.

HIPPA Compliance:

All patient information will remain confidential and remain in accordance with Infection Control guidelines and regulations, HIPA and COVID-19 guidelines as indicated by the U.S. Department of Health and Human Services, and NFPA 1581: Standard on Fire Department Infection Control Programs.

This tracking questionnaire does not replace the personal responsibility for properly documenting exposures through their personal or agency Exposure Tracking System or Process.

The following procedures are recommended for use by all fire agencies within Marin to streamline Fire Branch “Person Under Investigation” procedures and increase the detection of identifying exposures to field personnel.

Recommendations:

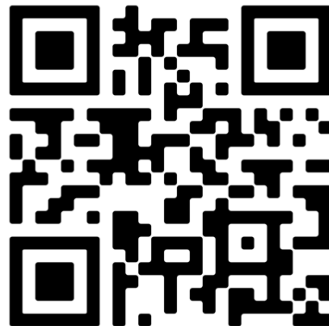
- Fire Branch Directors and hospital Infection Control Liaisons will utilize the PUI tracking spreadsheet to verify proper Personal Protective Equipment was utilized by field personnel and notify Department Infection Control Officer(s) or their designee(s) of any “out of the ordinary” responses, high risk patient contacts, that may require follow up from field personnel after a patient has been determined to be a PUI.

- All field personnel should complete a field form (questionnaire) after every patient contact
 - The questionnaire can be accessed via a QR Code, weblink
 - [QR code patient tracking questionnaire](#)
 - [Pt Contact Questionnaire](https://bit.ly/2V94jvA) - <https://bit.ly/2V94jvA>

- Fire Branch Directors to make appropriate contact with the agency representative if there are any questions or follow-up needed.

Patient Tracking Questions include:

- Date of Contact
- Time of Contact
- Units involved in contact
- Law (Agency) involved in contact
- F Number
- Patient Name
- Patient Age
- Date of Birth of Patient
- Hospital Destination
- Was Pt “Screened Positive”
- Was Pt “PUI”
- Was Pt “Test Positive”
- Did Pt Have a mask on prior to arrival
- What type of mask was utilized by field personnel?
- Were Goggles utilized?
- Was a Face shield utilized?
- Was a Gown (or equivalent) utilized?
- Is a consultation with your agency DICO needed?



Section X. COVID -19 Specific Ambulances

Background: While call volume and transports of COVID-19 positive patients are currently very low , there is a need to consider the possible situation/scenario of evacuating a skilled or other residential nursing facility and what additional resources might be required from fire agencies to support the Hospital Surge Planning efforts.

Marin Center has been identified as the location for alternative facility. Continual monitoring for Alternative Care Site deployment is ongoing. Hospital surge planning has identified the need for private ambulances although the Marin Fire Agencies recognize the availability may be limited. Therefore, identification of Fire Service reserve capabilities is needed.

Recommendation:

Identify reserve ambulances from the Marin County Fire Agencies that could efficiently be placed into service to support the Operational Areas-should the need arise.

Ambulances currently available (5)

- SMEMPS M7
- MCFD M95
- Central Marin M13
- San Rafael Reserve M59
- Novato Reserve M63

Identify base equipment and outfitting needs

- Up staff ambulances to ALS if possible, BLS, if staffing or equipment is unavailable. Outfitted to LEMSA Policy.
- Request variance from MHOAC if ambulance minimum equipment compliment needs amendment due to lack of availability.

Identify staffing needed -

- Preferred staffing (Medic /EMT) if unavailable staff to BLS status.

Identify any COVID-19 specific needs or considerations.

- Utilize disinfection sites and full PPE

Additional considerations:

- Consider higher level/reusable PPE if a unit is placed into service specifically transporting patients with known COVID between facilities, as they will be more efficient if they can stay in the PPE and then change after multiple calls.
- Outfit ambulances with all required PPE to ensure availability at the time of need.

Upstaffing considerations:

- Monitor the utilization of our cross-staffed units:
 - Increased-utilization means that primary ambulances are committed more or call volume is up. It might be call volume, but it also might be due to long wall times and secondary times. Any of those things decrease the availability of the primary units which results in overall system impact and decreased operational efficiency of resources.
 - A planned or evolving need to evacuate a facility and lack of private EMS Resource availability.

Section XI. Fire fighter EMS Based Testing

[CLICK FOR TASK 11 REFERENCE APPENDIX MATERIALS](#)

Background: The voluntary agency specific testing program for Fire/EMS specimen collection procedures allows Marin County Fire Agencies to have an integral role in meeting the Centers for Disease Control (CDC), State of California (CA), and the Marin County Public Health Agencies articulated need to increase community-wide testing, contact tracing, data collection, and scientific based decision making procedures. This program also meets the best practices approach for increased testing availability as seen in multiple counties throughout California (CA).

Recommendations:

- Implement a voluntary Fire/EMS based agency specific Specimen Collection for COVID-19 program that is in alignment with Marin County Public Health and Medical Direction
- While the program is voluntary, all individuals testing will be compensated consistent with their departments' overtime policy and provided protections of workers compensation and appropriate benefits
- On duty personnel voluntarily participating should not cause forced overtime
- Train volunteers to conduct the testing procedures with approved testing materials
 - All members of the Marin Fire Services are able to volunteer
- Conduct analysis of the pilot program for success, gaps, and potential expanded scope of testing procedures as the COVID-19 pandemic evolves and new processes evolve and are established
- Explore future fire based COVID-19 testing opportunities that include community outreach, population-based testing milestones, and increased public service resiliency
- Antibody testing will be mutually pursued, and parties agree on any potential testing opportunities/impacts
- As vaccinations become available and the community may need to rely on fire personnel to provide mass vaccinations, parties agree on processes and prioritization of personnel for vaccinations.

Section XII. Out of County (OOC) Fire Response

Background: Due to the current COVID-19 pandemic, it is expected that "traditional" logistical support at incidents will be very different. It is recommended that engines will be grouped together in a "Module" formation. Modules will most likely consist of an entire strike team. They will eat, sleep and remain separate from other "modules" and have the expectations to be self-sufficient for a number of days. Regular luxuries we are accustomed to may not be available or immediately available such as: hotels, sleep trailers, meals, showers and trips to local stores.

Employee health and well-being is a top priority. It has been proven that proactive measures such as social distancing (when possible either on the fire line or while unassigned), regular health screening, continued testing, and defined procedures to follow when employees are infected, will support the safety of employees and help

eliminate the possibility of additional infections.

The following recommendations provide a guideline for single resource/engine company deployments out of county for a period of more than 24 hrs. The recommendations are designed to adapt to the COVID-19 threat in regard to additional equipment, supplies, disinfecting guidelines, monitoring and testing of personnel, and procedures to follow if personnel are infected while on an assignment.

Recommendations: Each agency ensure the following minimums are provided for each OOC resource:

Equipment and Supplies

With expectations that single resources/engine companies/crew and dozer tender may need to be self-sufficient depending on the location of the incident the following additional supplies are recommended to support and protect employees.

Support supplies – adjust accordingly for actual numbers on engine company/crew 14/Dozer 2/single resource etc;

- MRE'S (3 day supply)
- Water (3 day supply)
- Medical PPE (Gown, Face shield, gloves, N95/P100 mask) 8 sets /engine company
- Thermometer

Personal supply (each employee)

- Face coverings – non-flammable/non-melting if used on fireground(reusable and disposable)
- Tent
- 1 extra set of wildland PPE per firefighter
- Hand sanitizer

Disinfecting Guidelines/Supplies - Regular disinfecting of tools and equipment is necessary to reduce the transmission of COVID-19.

- Disinfect all tools, equipment and apparatus at the end of each operational period. Utilize wipes and/or disinfection system.
- All personnel will make a reasonable effort to sanitize hands and other exposed body parts at the end of each operational period and/or when arriving at basecamp.
- Disinfection system may be used to disinfect cab and all compartments if personnel are considered PUI or COVID-19 positive. Crew members will disinfect their assigned engines only.
- When/if disinfecting equipment related to a PUI or PUI's equipment the following PPE must be worn:
 - Tyvek Suit
 - Gloves
 - Face Shield
 - N95/P100 mask
- Disinfecting Supplies for each engine: 2 week supply
 - Disinfecting wipes
 - Hand sanitizer

- Soap
 - ½ Gallon bleach
 - 2 Spray bottles
 - Paper towels
 - 2 Tyvek Suits
- Each Strike Team to be supplied by home agency “spray disinfection kit” Utilize the D7-BDAS Emergency Disinfectant System or obtain the following equipment:
 - HVLP Spray gun/with air regulator (Husky #H4850GHVSG)
 - 30’ Air hose (Husky ¼ x 25’ holly recoil air hose #24-25E-RET-HOM)
 - Steramine Tablets (1 bottle, 150 count)
 - Air Fittings
 - (2) Husky ¼ NPTF female auto plug #HDB21000AV
 - (1) Husky ¼ x ¼ NPT female industrial plug #HDB20400AV
 - (3) Husky ¼ x ¼ NPT female automotive coupler #HDB20700AV
 - If available have all equipment run thru the disinfection site upon return
- **Testing** - the following testing procedures are recommended to support employee health and safety while on OCC assignments:
 - Employee daily health screening
 - Follow current FOPAC (Section II) guidelines- 2x daily temperature checks, symptom check. Each engine should have a thermometer for their crew.
 - Document results on 214 for each engine company and STEN – *should be documented*
 - Utilize the following procedures when returning from assignment/back in county:
 - If testing is provided by the incident, all personnel should participate in this testing prior to leaving the incident. (If the assignment was 48 hours or less, this may not be necessary)
 - All employees returning from a strike team or overhead assignment are strongly encouraged to be tested for COVID-19 after returning to the Operational Area approximately 48-72 hours after returning.
 - If any employees are symptomatic or are returning because of concern about exposure, they should be tested as soon as possible upon return.
 - Testing for asymptomatic employees should be performed approximately 48-72 hours after returning.
 - Employees should be encouraged to flush their nasal passages immediately upon return.
 - After this flush, approximately 48 hours is needed for accurate testing.
 - Soot and other contamination may cause inaccurate tests, if not flushed first.
 - Current opportunities for this testing:

- County Point Of Testing (POT)
- Fire-based testing
- Occupational Medicine provider
- STEN or Overhead personnel can coordinate testing availability and scheduling with MRN Duty Chief.

Person Under Investigation (PUI) - When there is a high degree of suspicion that a firefighter exhibits COVID-19 signs and symptoms the suspected “Person Under Investigation” (PUI) should be isolated (the best of their ability), immediately don a N95 mask or facial covering, receive treatment, and arrangements should be made for them to be tested for COVID-19 in as efficient manner as possible. Isolation, quarantine, testing and treatment in base camp may be difficult at best. It is recommended that a consultation occur with the Strike Team Leader, Safety Officer, Medical Unit Leader, Op Area Coordinator, Designated Infection Control Officer, and medical director - either incident, area, or home unit. This will include a recommendation that the PUI and PUI’s engine company be released from the incident and return their home unit as soon as possible. Consultation should include a determination of the potential level of exposure to the PUI’s engine company as well as the associated strike team (Module). This may include contact tracing procedures.

Definition

Person Under Investigation- employee that has tested positive for COVID or exhibits signs and symptoms that lead to the employee being determined to be a Person Under Investigation (PUI).

- PUI’s Engine Company- engine apparatus and crew the PUI was assigned too.
- Exposed personnel - personnel met the exposure criteria as outlined by the latest FOPAC Exposure Guidelines and/or incident exposure guidelines

If a member of the engine company is determined to be infected follow the following actions:

- The PUI should immediately:
 - Isolate
 - Don N95 mask or facial covering
 - Provide treatment
- The PUI’s engine company and any other employees that may have been exposed should be immediately identified and:
 - Isolate, until further direction can be provided after a consultation call and/or pre-determined incident direction is given.
 - Don face covering at all times
 - Perform a personal health screening (record on 214)
- Notifications
 - Supervisor (if assigned: Division)
 - Safety Officer
 - Cal OES Representative
 - Marin Duty Chief/Op Area
 - Op Area Coordinator will contact involved agencies

- Consultation call to determine further actions such as:
 - Level of care for PUI and safe return home
 - Level of exposure to other employees
 - PUI's engine company- prolonged exposure with no PPE shall be considered for these employees. (Example: extended time in closed environments (cab), inability to maintain social distancing without face coverings (fire line), and challenges in performing adequate hygiene on the fire line). It is recommended that this engine company be treated in the same manner as the PUI.
 - Other employees within the Strike Team (Module)- a determination will be made after a consult on how to effectively manage these employees.

- It is recommended that consultation with the following individuals occur:
 - Strike Team Leader
 - Marin Duty Chief
 - Op Area Designated Infectious Control Officer
 - Marin County EMSA Medical Director
 - Incident representative if applicable (Safety Officer, Medical Unit)

- Release and return of PUI, PUI's engine company and/or exposed employees
 - The appropriate means of transportation to return employees back to their home unit will be determined on the consultation call.
 - Guidelines in FOPAC Section IV and V will be followed when employees arrive at their home unit.

Reference

Wildland Fire Response Plan COVID-19 Pandemic

https://www.dropbox.com/s/6choqmv1d7fr9qs/Final_CA_C19%20WFRP_%200503_1900_PDT.pdf?dl=0

CDC For Wildland Firefighters

<https://www.cdc.gov/coronavirus/2019-ncov/community/wildland-firefighters-faq.html>

CALFIRE Wildland Fire Response in a COVID-19 Environment

<https://drive.google.com/drive/u/3/folders/14mBj6L5fM-fpwOV2udGoFRtrLeAoSs8J>

Section XIII. Training Guidelines

These guidelines have been developed based on our current COVID-19 situation and are intended to complement and not contradict other FOPAC guidelines. These best practices acknowledge that with the virus present in our community's all external activities pose some degree of risk. Each agency will need to evaluate their own risk tolerance and implement protective measures that are consistent with their department specific policies.

Recommendations: Implement the following guidelines/best practices:

- Practice social distancing during all training activities
- Utilize facial coverings when within 6’ of other employees
- Limit training activities to the lowest number to personnel needed to accomplish objectives
- Limit group indoor activities, move outside or into more open areas
- Use virtual training options for didactic materials (limit to less than 2 hours)
- Prioritize training activities that are needed to maintain licenses or support baseline onboarding of employees.
- Ensure sanitization of all utilized equipment and presence of hand sanitizer and disposal facial coverings at all locations.

Best practices to reduce risk:

- Utilize bandannas or buffs for ease of on and off facial covering.
- Wildland shrouds act as facial coverings, helps reemphasizes proper PPE use.
- Utilize manikins for EMS senecios.
- Conduct training in areas that limit visibility by the public.
- Understand that this is not permanent.
- Emphasize testing following group activities

Section XIV. NEW - Cal/OSHA COVID-19 Prevention Program Regulation and AB685

On November 30, 2020, the Office of Administrative Law formally approved the [Cal/OSHA Emergency COVID-19 Prevention Regulation](#) to “protect workers from hazards related to COVID-19.” The emergency regulation became effective on November 30, 2020. Once published, the full text of the adopted emergency standards will appear in the new Title 8 sections 3205 – 3205.4. The regulation covers COVID-19 prevention, outbreak procedures, prevention in employer-provided housing, and prevention in employer-provided transportation to and from work.

Cal/OSHA has just issued a [news release](#). They have developed a model COVID-19 Prevention Program (see attached) and have posted [FAQs](#) and a [one-page fact sheet](#) on the regulation. Employers are also invited to participate in [training webinars](#) held by Cal/OSHA’s Consultation Services branch when they are available.

We have also attached the [AB685](#) model notification templates and guide to help each agency comply with the written notification requirements when a workplace COVID-19 exposure exists. The written notification requirements are effective on January 1, 2021

OSHA Link:

[*Our link for COVID-19 information](#)