



**Bulletin for Fire Fighters:  
Pandemic Response Precautions When  
Engaged in Fire-Rescue Operations**

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**SUPPLEMENT TO:           GUIDE FOR CORONAVIRUS PLANNING &  
  RESPONSE**

IAFC Coronavirus Task Force  
MARCH 2020 – *updated 3/23/2020*

**REFERENCES:**

- Preparing for Pandemic Influenza in Manitoba  
Guide for the Public from the Office of the Chief Medical Officer of Health. March 2006, Public Health Emergency Preparedness and Response
- Guide to Service Levels: Fire Fighting. Organization and Deployment. First edition 2019. Manitoba Office of the Fire Commissioner

**PURPOSE:** To provide working points when conducting Fire-Rescue-Hazardous Materials Response Operations to assist firefighters with the application of International Association of Fire Chiefs (IAFC) “*GUIDE FOR CORONAVIRUS PLANNING & RESPONSE*”.

**SCOPE:** Written for firefighters working with victims from fire, rescue (motor vehicle collisions, water/ice, farm accident, etc.), hazardous materials exposure, or other. Medical First Responder firefighters responding to medical calls and working for extended time with patients will have protocols in place from Manitoba Shared Health and their Medical Director.

**SCALE:** These precautions are listed at the request of municipalities to reduce firefighter vulnerability and increase responder safety. It does not replace formal training in airborne and bloodborne pathogen protection, or hazardous materials inhalation hazards found in advanced first aid & CPR courses, medical first responder courses, hazardous materials courses, technical rescue courses, etc.

Consequences involved with firefighters performing their duties places them at risk from physical, environmental and health hazards. Victims in need of critical life-saving measures (removal from smoke-involved buildings, vehicle entrapment, water or other entrapment, hazardous materials exposure, trauma, cardiac arrest, etc.) will require firefighters to make decisions that pose a high risk to their own lives and safety. This risk-

benefit life-saving decision will have to account for, and be measured against, any possible exposure to the Coronavirus.

**APPLICATION:** Precautions are updated daily and approved by the Fire Chief, Health & Safety Officer, and CAO. Information is communicated to fire department members, Council and the RM Emergency Coordinator regularly and formally

All members are responsible for identification, inspection and reporting of hazards; this includes options to increase precautions. All Officers and the CAO are responsible for enforcement per the municipality's workplace safety and health responsibilities under *The Workplace Safety & Health Act*.

**EFFECTS:** Coronavirus is easily passed person-to-person by droplets and small particles released into the air when infected people cough or sneeze, or through manipulation of an unresponsive individual's airway through the performance of Aerosol Generating Medical Procedures (AGMPs).

<https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf>

The virus can travel about one metre (3 ft) in the air and has been shown to survive:

- on hard, non-porous surfaces (ex: telephones and doorknobs) for 24 to 48 hours;
- on cloth, paper and tissue for 8 to 12 hours
- on hands for 5 minutes.

The virus survives better at low humidity, like we experience during winter.

The Coronavirus enters the body through the eyes, nose or throat. This can happen when:

- someone inhales droplets produced by the coughing or sneezing of others, or during the performance of an AGMP
- after hand-to-hand contact with infected individuals
- after handling objects contaminated by infected individuals, then touching their mouth, eyes or nose.

Once infected with the Coronavirus, it usually takes from one to three days to develop symptoms. However, someone with Coronavirus can be contagious from the day before they develop symptoms up to seven days afterwards.

Not everyone who is infected with Coronavirus gets sick, but it is still possible for them to spread it to others.

**SAFETY STATEMENT:** A fire department ensures all safety procedures and operating guidelines for responding, working at incidents, during recovery and return-to-hall are in place and enforced. A local government RM ensures the fire department is operating safely.

Fire Chief and Officers designate a Health & Safety Officer for the firehall and an Incident Safety Officer while working at scenes. Officers focus on the safety of incident operations and escalate their health oversight to focus on airborne pathogen precautions.

Risk-Benefit decision making.

- Vulnerability - Fire department members are at low risk when conducting structural firefighting, wildland fighting, driving/responding, rescue, hazardous materials, vehicle extrication, and post-incident salvage and overhaul for instance; they do not spend time within physical distance (six feet or two meters for longer than 10 minutes) of persons exhibiting signs and symptoms. They work with victims for limited times, conducting limited interactions, and patient care limited to critical life-saving intervention. Lower call volumes also reduce vulnerability.
- Consequence – RM's and fire departments enforcing precautions will maintain members in service.
- Every municipality must provide fire protection services within its boundaries to reduce the danger of fire, which may include education programs, inspections of property, the installation of alarms, instructions on fighting fires, the provision of fire fighting equipment and a fire protection force.

## **POINTS re: GUIDE FOR CORONAVIRUS PLANNING & RESPONSE**

**Self-Monitoring Before and During Shifts** .....IAFC Guide Page 4  
Points:

- Fire Department members should self-screen with the following questions prior to attending to work:
  - Fever (greater than 38 degrees Celsius)
  - “New” onset of (or worsening) of chronic cough
  - Shortness of breath
  - Difficulty breathing
  - Sore throat
  - Runny nose
  - Headaches
  - Feeling tired and unwell
- Fire Department members should continuously self-monitor for symptoms.

- Fire Department members are employees of the municipality and should report if they are exhibiting signs and symptoms or have tested positive for the virus
- If tested positive or have signs and symptoms, members remove themselves from service and self-isolate
- Firehalls should be closed to non-fire department personnel and when not responding. No social activities of any kind.
- Group training suspended. On-line, theory reading or individual skills practice remain.

**Dispatch Screening and Protocols .....IAFC GUIDE Page 5**

**Points:**

- E911, MTCC and RCMP Dispatch are screening all calls for patients at high-risk of exposure or exhibiting signs and symptoms.
- Responders are getting updates from the dispatch centers in relations to these questions:
  1. Are you experiencing any of the following symptoms: fever, new or worsening cough, new or worsening shortness of breath?
  2. Have you travelled anywhere in the last 14 days? If yes, where?
  3. Have you had close contact with a confirmed or probably case of COVID-19?
  4. Is anyone else in the building/home affected or showing signs, experiencing symptoms?
- Responders will be responding to calls with this information. First members on scene should maintain social distancing (2 meters/6 feet) while they conduct their own screening.

**Personal Protective Equipment .....IAFC Guide Page 6**

**Points:**

- Current fire department precautions for airborne and bloodborne pathogen protection remain in place.
  - Training from first aid and CPR courses
  - Provide the patient with a procedural mask as soon as possible
  - Safety glasses, helmet shields, work gloves, medical gloves, and a procedural mask for the fire fighter conducting victim care
  - Washing of coveralls, turn-out gear
  - Disinfection of medical equipment
  - Proper disposal of used medical equipment
- Limit number of members having direct interaction with public and victims.
  - One, max two members for interior

- One member for vehicle or rescue size-up
  - One member for interviews
- Ensure physical distancing where possible
  - Ask people to leave a home when checking for false alarms, carbon monoxide and other hazards.
  - Expand hot, cold and warm zones at calls and enforce them.
- Should everyone wear masks? The WHO advises:
  - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
    - Shared Health is currently recommending the following PPE when dealing with the public: Procedural mask, eye protection, and medical gloves
    - Masks are effective when used in combination with frequent hand-cleaning with alcohol-based hand rub or anti-bacterial soap and water.
    - If you wear a mask, then you must know how to use it and dispose of it properly.
    - <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/public-health-measures-mitigate-covid-19.html>
- Hand hygiene following Shared Health recommended practices
  - English: <https://sharedhealthmb.ca/files/hand-hygiene.pdf>
  - French: <https://sharedhealthmb.ca/files/hand-hygiene-fr.pdf>
- PPE Doffing Process:
  - <https://www.youtube.com/watch?v=Lly8DjGcvDM&feature=youtu.be>

**Patient Assessment and Care** .....IAFC Guide Page 6  
Points:

- Limit number of firefighters working with victims.
- Ensure initial physical distancing when asking screening questions
- For all patient contacts the PPE should include eye protection, hand protection and surgical/procedural mask for the patient i.e. source control, and the firefighter assigned to victim.
- Work from best distance possible. Avoid face-to-face contact when stabilizing or immobilizing i.e. work from side or from behind
- Limit patient talking.
- Do NOT provide any airway suctioning
- Do NOT provide oxygen higher than 6 litres via nasal cannula, unless using a BVM with two handed seal (as below)

- Do NOT conduct positive pressure Bag Valve Mask (BVM) ventilations. If the patient is unresponsive, turn on high flow oxygen to a BVM, hold the BVM over the patients face with a two hand seal, but do not squeeze the bag. This will provide passive oxygenation for the patient
- Prior to the performance of CPR, ensure the BVM is secured to the patients face using a two hand seal, and provide passive oxygenation as outlined above. Do NOT squeeze the bag.
- Notify incoming EMS, police, and other agencies of any possible high-risk exposures.

**Decontamination and Disinfection** .....IAFC GUIDE Page 8  
Points:

- Good hand hygiene provides significant protection from viral respiratory illnesses, such as COVID-19.
- Fire hall equipped with anti-bacterial hand soap and wash locations.
- Fire hall touch points regularly disinfected.
- Equipment, SCBA's, apparatus regularly disinfected.
- Individual responders are equipped with anti-bacterial soap and hand wash. Officers ensure hand washing occurs at the scene, post-incident.
- Apparatus are equipped with anti-bacterial soap and hand wash.
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**Quarantine Guidance** .....IAFC Guide Page 10  
Points:

- If precautions are followed, firefighters returning from fire-rescue-hazmat calls do not require quarantine or self-isolation.
- Firefighters in self-isolation because of testing positive and/or developing signs and symptoms shall be prevented from attending calls.
- Follow Manitoba COVID-19 screening tool from Shared Health <https://sharedhealthmb.ca/covid19/screening-tool/>
- Regularly check Manitoba COVID-19 website for updates, precautions and other information <https://manitoba.ca/covid19/>

**DESIGNATED POSITIONS:**

The **Health & Safety Officer** is a safety advocate in each department. The Health & Safety Officer is the catalyst in a fire department's mission to identify, analyze and mitigate risk and champion safety.

The individual who fulfills this role ensures the department has procedures and processes in place that ensure safe and effective operations. The term Health & Safety Officer identifies the individual, usually a senior officer, who



oversees the employment of processes to ensure safe fire hall operations, training records, and workplace safety & health requirements. This includes the inspection, testing and repair of personal protective clothing, self-contained breathing apparatus, equipment and vehicles.

This role and the attendant responsibilities bear no relationship to the operational roles of either the Incident Commander (IC) or the Incident Safety Officer (ISO) at an emergency incident. Although it may be possible that an individual who fulfills the Health & Safety Officer role may also be qualified to act as an IC or ISO at an incident.

The Health & Safety Officer may be the Fire Chief, or another member of the department, depending on the composition and structure of the department. The individual needs to have sufficient experience and/or appropriate training to ensure that he or she understands the administrative structures and processes that are in place to guide a department's safety.

### **SUMMARY:**

Fire departments should take extra precautions when interacting with the public and victims. This includes reducing interaction time, reducing face-to-face work (direct talking), and reducing number of firefighters engaged in working with victims and the public. They should also reduce the number of staff engaged in size-up, interviewing, and investigation in a building or at a scene.

Fire fighters should increase their level of precautions. This includes using personal protective equipment in a proper manner and efficiently to protect supply and logistics. Continually clean and disinfect hands and face, and disinfect surfaces of equipment, apparatus and the firehall.

If a firefighter shows any of the signs and symptoms or tests positive they should report to the employer and self-isolate.

All other fire fighter safety protocols for ICS, Health & Safety, Incident Safety, communications, bloodborne pathogen protocols, and firefighter PPE for fire, rescue and hazardous materials response remain in place.

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