

Latest Strategies on COVID-19 Mitigation On & Off Duty

Executive Summary

Most Public Safety & First Responders, especially EMS and Fire that work around COVID often, are keen to decrease its transmission to themselves or others. And, recent studies and articles have suggested more ways to mitigate the risk of exposure, both on and off duty.

In fact, these studies and subsequent recommendations suggest a layered approach, depending on the situation, including how much COVID is in your community at any given time. Specifically, if COVID is causing even occasional person to person transmission, then it should be considered risky for First Responders and HCWs. On the other hand, if there are few to no cases, or if there are only one or two clusters from travel or a specific event, AND your community has real contact tracing, then perhaps less immediate mitigation needs to take place.

Assuming there is community spread, the recommendations are as follows:

When on any EMS Call: (and consider for other types of calls when closer than 6 feet to a person), wear **Full PPE** consisting of an **N95 Respirator or better**, closed-on-3-sides **Face Shield or Goggles**, **Tyvek Jumpsuit or Gown**, **Gloves**, and **Hair Covering** and/or **Boot Covers** if provided by your agency.

Why is this so important? Many EMS & Fire agencies and hospitals have found patients that present with trauma (including shootings, stabbings, and auto accidents) or medical complaints having nothing to do with COVID symptoms, and then are positive for COVID when tested. Most agencies and many other health care providers have gone to this model.

When in Quarters/Station use Less PPE but still worn/done: **Surgical Masks** (ties for a better fit) or **Procedure Masks** (ear loops) **AND Social Distancing** when in hallways, locker or restrooms, dining and rec rooms, dorms, and/or other common areas.

Also, when at all possible:

1. Move beds 6 feet apart. If someone is using a CPAP device, a separate room is for them is ideal.
2. Dining chairs should also be moved to 6 feet apart, if possible, since masks will be off during active eating. Consider outside dining to decrease transmission risk.

3. There should be NO sharing of glassware, dishes, utensils, linens, towels or other personal toiletries. All dishes, glasses and silverware should be sanitized.
4. All HVAC/Heating filters should be changed/cleaned more often than normal. High Efficiency filters are best.
5. Air Purifiers can be added to dorms, dining rooms, or other common areas where masks will not be worn. Set for as many air exchanges per hour as possible.

Proper Masking:

1. Pick/Suggest the “Proper Mask” (see some of the Resource Links for help choosing):
 - a. Multi-layered (at least 3 cotton or cotton/polyester layers); can be 2 layers if there is a filter pocket & filter (use a HEPA, coffee, or similar filter)
 - b. Fit to face; can use small O-rings to adjust ear loops, adjustable nose piece, cloth chin piece and gathers to fit
 - c. Nostrils and nares (actual openings), and mouth should be covered completely, even when speaking, singing, etc.
2. It Shouldn't Have or Be:
 - a. An exhaust valve (only protects the wearer)
 - b. All polyester or loose weave fabrics (fleece, mesh, etc.)
 - c. a **Gaiter** (stretchy covering pulled up from neck) or **Bandana**; actually, worse than nothing, per the UNC-CH study, because they aerosolize larger droplets into smaller ones

Share the Information and Data:

Controlling this disease is too important to wait for everyone to catch up. That includes family, friends, co-workers, acquaintances, & strangers not doing the right thing

Some individuals need to **know** someone who was very ill with COVID, or worse, to believe it's a REAL threat & be willing to wear a mask, social distance, or use other mitigation.

Share what you know with them. Show them how they can make a difference.