Denver Fire Department

Incident Action Plan

Incident Name	**COVID-19 - DFD**
Incident Type	**Pandemic**
Incident Location	**Denver**
Incident Commander	**Deputy Chief Desmond Fulton**
Deputy Incident Commander	**Division Chief Ryan Nuanes**
Operational Period Begin	**April 13, 2020 0700 MST**
Operational Period End	**April 15, 2020 0700 MST**
Operations Period Number	**19**
Conference Call #	**720.547.5316**
NEXT CALL (0730)	**Thursday, April 16, 2020**

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: COVID - 19 DFD	2. Operational Period: Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700

3. Objective(s):

1. Provide for protection from current and future risks of exposure to all Department uniform and non-uniform personnel.
2. Provide the most current treatment and isolation/quarantine procedures for potentially exposed uniform and non-uniform personnel.
3. Review, revise and strengthen Level 1, 2 and 3 Contingency Plans for maintaining Department Mission Essential Functions.
4. Maintain communication with City and County leadership for current situation status, objectives, and direction.
5. Ensure timely internal distribution of accurate information and direction to all Department uniform and non-uniform personnel.

Objective 1: Key Messaging For Monday, April 13 – Wednesday, April 15, 2020

NEW (4/6) - A PPE Count Survey has been added to the Tote Board for tracking our PPE usage during the COVID event. A current inventory of much needed supplies as well as a means to track its use will ensure that all companies have the needed PPE on hand.

****Personnel at all fire stations will fill out this survey every morning at 0730****

NEW (4/13) – ALL DEN Personnel – Please see Air Side 204, Special Considerations regarding scheduled training and recertifications at the airport!

4. Operational Period Command Emphasis:

1. Ensure critical PPE is distributed to all firehouses and standards for use are communicated.
2. Ensure timely distribution of the IAP and guidance documents to all uniform and non-uniform personnel daily.
3. Maintain established daily meeting schedule and transfer of information.
4. Evaluate the potential and logistics for providing isolation/quarantine facilities for exposed members with at-risk family members at home.
5. Refer all external requests to PIO Captain Pixley for coordinated messaging with the CCD leadership.
6. Make resources available to the membership for individual and family support as well as emotional wellness.

7. Prepared by: Name: J. Krugman_____ Position/Title: PSC_____Signature: jdk

8. Approved by Incident Commander: Name: Desmond Fulton Signature: DGF

ICS 202	IAP Page ___1__	Date/Time: _____

Objective 1: Key Messaging Log As of Monday, April 13, 2020

April 13, 2020

NEW (4/6) - Following suit with the Governors' urging that all residents wear a protective covering such as a cloth mask to stem the spread of the coronavirus, all DFD members are required, when in public, to wear some form of facial covering. This can be a homemade mask, fashioned of cloth, scarf or bandanna. Members will not use department issued medical masks such as the N95 respirator or surgical masks when in public due to limited supply and need for these items on emergency incidents.

Special Thanks: The Better Halves of the DFD, in coordination with *Operation We Can Sew It* (operationwecansewit.com), have teamed up to outfit Denver Fire members with over 1,300 cloth masks for use at work and in public. This collaborative effort ensures that our members are following the recommendations for facial covering while in the public arena. Thank you to *Operation We Can Sew It* for the kind and generous donation and to the Better Halves for the hard work that made it come together!

April 9, 2020

New (4/2) – Effective Immediately REQUIRED - COVID-19 Daily Employee Screening form in addendum! Temperatures are to be completed by every uniform member prior to entering the fire house daily!

REMINDER: Departing the Firehouse Recommendations 1) Take a shower before departing the firehouse or going home, 2) Wash and leave uniforms at the firehouse if applicable, 3) Wear civilian clothing for travel to and from home.

April 6, 2020

NEW (4/2) – Read DFD COVID-19 Risk Assessment Flowchart in the addendum of this IAP!

New (4/2) - Members will not dispose Tyvek suits in the biohazard waste bin of the ambulance; only gowns, gloves, and masks may be disposed in the ambulance waste bin.

NEW (4/3) - Workplace officers/supervisors are encouraged to put in place best practices for taking the temperatures of our members prior to the work-shift. Please evaluate your specific work spaces including entry/exit points and make appropriate determinations on how to put in place an effective plan for temperature checking our members.

NEW (4/2) - Effective Immediately: Until further notice, Albuterol administration is no longer permitted. Albuterol aerosolizes infected droplets. The medics will be stocked with metered inhalers which do not aerosolize the droplets.

April 2, 2020

NEW (4/1) – All CS employees, please read the updated information in the Human Resources 204 of this IAP.

NEW (3/31) - Firehouses will conduct a general cleaning twice per shift; once at 1000 and once at 1900. This cleaning should be done with an approved disinfectant such as Oxyverse 16. This cleaning as a minimum should include:

- Eating areas, kitchen, and common areas.
- Bathrooms
- Door handles and common touch points
- Inside all fire apparatus

Recommendations for social distancing at the firehouse:

- Attempt to maintain up to 6' distancing if at all possible, consider eating at different times and/or in different locations, and limit the number of members preparing the meals.

April 1, 2020

NEW (3/30) - Numerous supplies of PPE were distributed to the fire stations on Monday, March 30th. These supplies included N95 masks, P100 respirator cartridges, medical face shields, gowns, and surgical masks.

March 31, 2020

NEW (3/27) - ALL EMPLOYEES Please Read: The Human Resources 204 in this IAP has been revised and updated with new links and information.

NEW (3/27) – An updated version of the CCD COVID-19 Employee/Responder Risk Assessment and Decision Document is now in the Addendum. Disregard earlier version!

NEW (3/27) - The ambulance trash bins are for general refuse and should not be used by our members for doff'd PPE that is considered bio-hazard waste. Added to 208.

(3/26**)** – Addition to DFD Personnel Guidance (p1) regarding PPE and non-EMS calls.

(3/25) – COVID-19 Risk Assessment Survey For City & County of Denver First Responders. Critical information and link in Addendum.

(3/25) – Doffing Guidelines, 2-page pictorial in Addendum

(3/25) - Deconning Tyvek Suits - Per Manufacturer directions:

- Hand wash with mild soap which will kill the virus. Do Not Use Bleach; or, Machine wash, gentle cycle, cold water. Drip dry only. Do not put in a dryer, dry clean, or use an iron.

March 27, 2020

(3/24) - Change in ESO Reporting (3/25) – Code SCBA and P100 as "Other"

March 24, 2020 Note Change in Yellow!

New (3/24) - As an additional safety for our membership, temporal thermometers have been ordered and are expected to arrive next week. Each firehouse and workgroup including DEN will be issued one for daily employee screening

New (3/24) – Additional PPE (gowns, gloves, eye protection, N95s) will be arriving this week with a proportionate share earmarked for the DFD.

(3/20) Effective Immediately – NEW ESO Language and Reporting Measures!

NEW – Suspected COVID patients now have a Primary Impression Field
- Narrative Section->Primary Impression->COVID
- Document all suspected in Primary Impression and written narrative

NEW- Document when PPE is being used during patient contact.
- In EHR->Personnel->click on 3 lines next to name->EDIT->Document PPE used.

Important Use Notes:
- PPE Tab – Specifically includes N95, gowns, goggles, surgical masks, PAPR, etc. Code SCBA and P100 as "Other"

Review critical procedural changes made to the ICS-208 Safety Plan and Guide made Friday, March 20, 2020.

March 20, 2020

Remember that nebulizing patients with flu-like symptoms should be limited to those with severe respiratory distress. Please make every attempt to protect yourself by providing this level of care for those truly in need.

March 18, 2020

Effective immediately any and all activities outside the firehouses are to be stopped with the exception of the following:

- Dispatched calls
- Official Department business
- Approved Department training
- Grocery shopping for firehouse meals adhering to the following:
    1. Rigs will continue to go
    2. Only 1 member will depart the rig to do the shopping
    3. All other members will remain with the rig.

March 17, 2020

Effective Immediately: On all medical calls that require a 6-foot distance breach, only one member will approach the patient with mandatory respiratory PPE of N-95, P-100, or SCBA on air.

EXCEPTION: If patient requires life-saving interventions, all members within the 6-foot breach are required to wear the above noted PPE as a minimum.

Dispatch will no longer be identifying Code19C calls. Dispatch will now only be asking the following questions in ProQA:

- Has the caller had a cough or fever in the last week (7 days)?
    - /SYMY, translates to >>>>>>SYMPTOMS – YES: *followed by cough or fever or both*
    - /SYMN, translates to >>>>>>SYMPTOMS – NO

March 17, 2020

A. All Fire Prevention inspections with the following exceptions are suspended indefinitely:
    a. DEN inspections
    b. Life Safety.
    c. TCO/CO and Acceptance Testing
B. Special Detail Program suspended
C. Fire watch by uniformed FP personnel is suspended. Businesses will utilize Licensed and Insured personnel or on-site personnel
D. Training Class 2020-1 will be on-line delivery only until March 30, 2020
E. Training Class 2020-2 will be on a split schedule, with one morning and one afternoon class until further notice.

March 16, 2020

A. No outside visitors including friends and family members are permitted in any firehouse or DFD facility or on or in any apparatus until further notice.
B. Firehouse personnel will avoid all external public interaction to minimize the potential for exposure.

March 13-16, 2020

A. Per City guidance, the Denver Fire Department is canceling community outreach to include fire trucks at community events, fire station tours, fire safety talks, safety trailers, and department ride-alongs until further notice.
B. Effective immediately, all DFD Career Service personnel will be working within a modified schedule at the discretion of their Division through 3/27/2020. We will work to assure there are no work interruptions as the Department progresses though the event. All employees will retain access to e-mail and phone for communication.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: COVID-19 DFD	2. Operational Period: Date From: 4/13/20 Time From: 0700	Date To: 4/15/20 Time To: 0700

3. Incident Commander(s) and Command Staff:	
IC/UCs	Fulton, Desmond
Deputy	Nuanes, Ryan
Safety/Medical	Buccieri, Scott/Miccio, Melissa
Public Info. Officer	Pixley, Greg
Liaison Officer	Lara, Adriana

4. Agency/Organization Representatives:	
Agency/Organization	Name

5. Planning Section:	
Chief	Krugman, Jim/Almaguer, Manny
Deputy	
Resources Unit	
Situation Unit	
Documentation Unit	Adams, Marissa
Demobilization Unit	
Technical Specialists	

6. Logistics Section:	
Chief	Vigil, Jeremy
Deputy	
Support Branch	
Director	
Supply Unit	
Facilities Unit	
Ground Support Unit	
Service Branch	
Director	
Communications Unit	
Medical Unit	
Food Unit	

7. Operations Section:		
Chief	Murphy, Robert	
Deputy		
Branch	**Operations**	
Branch Director	Shift Commanders	Land Side
Deputy		
Division/Group	Ryan Nuanes	Cadets
Shelter Support	Personnel Assigned	3 Locations
Division/Group		
Division/Group		
Division/Group		
Branch	**DEN**	
Branch Director	Bray, Russ	Air Side
Deputy	Chase, Charlie	
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Division/Group		
Branch	**EOC**	
Fire Branch	Buccieri, Scott	
Fire Branch	Linville, Jeff	
Division/Group	Turner, Robbie	JIC
Division/Group		
Division/Group		
Division/Group		
Branch	**Human Resources**	
Career Service	Eberhard, David	

8. Finance/Administration Section:	
Chief	Moeder, Wendi
Deputy	Mathis, Laura
Time Unit	
Procurement Unit	
Comp/Claims Unit	
Cost Unit	

9. Prepared by: Name: J. Krugman_____ Position/Title: PSC_____Signature: jdk

ICS 203	IAP Page ___2__	Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
COVID-19 DFD	Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700	**Branch: Land Side**

4. Operations Personnel:

	Name	Contact Number(s)
Operations Section Chief:	**Murphy, Robert**	**303.884.6549**
Branch Director:	**Shift Commanders**	
Division/Group Supervisor:		

Division:

Group: Shelter Support

Staging Area:

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Haberkorn, C.J.			303.709.1218	
Kmak, Bob			303.709.1218	
Morelli, Troy			303.709.1218	
DeBaere, Cory			303.709.1218	
Cadets	Ryan Nuanes		720.324.9468	
VOA Family Hotel	Modified Duty/Uniform	0		4885 W. Colfax w/PPE
Western Motor Inn	Modified Duty/Uniform	0		4757 Vasquez Blvd w/PPE
Glenarm Rec Center	CS	0	Still open pending Coliseum open.	2800 Glenarm Pl. w/PPE

6. Work Assignments:

- Monitor day-to- day primary functions of the Operations Division
- Assure critical PPE and procedures for potential COVID-19 patients is distributed and followed
- Begin assessment of Contingency Plan activation trigger points as it relates to station closures.
- Assign Cadets as needed to support the Operations Division and EOC.

7. Special Instructions:

Effective immediately any and all activities outside the firehouses are to be stopped with the exception of the following:

- Dispatched calls
- Official Department business
- Approved Department training
- Grocery shopping for firehouse meals adhering to the following:
  1. Rigs will continue to go
  2. Only 1 member will depart the rig to do the shopping
  3. All other members will remain with the rig.

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: J Krugman_____ Position/Title: PSC_____Signature: jdk

ICS 204	**IAP Page ___3__**	Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
COVID-19 DFD	Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700	**Branch: Air Side**

4. Operations Personnel:

	Name	Contact Number(s)
Operations Section Chief:	**Murphy, Robert**	**303.884.6549**
Branch Director:	**Bray, Russ**	**303.944.4005**
Deputy:	**Chase, Charlie**	**303.342.4575 or 720.799.3662**

Division:

Group:

Staging Area:

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

- Monitor day-to- day primary functions of DEN
- Assure critical PPE and procedures for potential COVID-19 patients is distributed and followed if needed.
- Provide status and updates related to COVID-19 at DEN to the Operations Section Chief and C&GS.

7. Special Instructions:

Scheduled training at the ARFF training facility has been canceled until the end of May and possibly longer; this includes all *Recertification* and *Initial ARFF Certification* classes and burns. The FAA has granted a 90-day extension for ARFF Recertifications, which may be extended as needed. Members will be updated as conditions change.

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: J Krugman_____ Position/Title: PSC_____Signature: jdk

ICS 204	IAP Page ___4__	Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
COVID-19 DFD	Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700	**Branch: EOC Fire**

4. Operations Personnel: Name | Contact Number(s)

Operations Section Chief: **Murphy, Robert** **303.884.6549**

Branch Director:

Division/Group Supervisor:

Division:

Group:

Staging Area:

5. Resources Assigned:

Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Linville, Jeff			303.667.3232	EOC
Buccieri, Scott			720.232.0187	EOC
Turner, Robbie			720.925.9408	JIC

6. Work Assignments:

Schedule:

- Monday – Thursday: Jeff Linville (Working virtual from Headquarters)
- Friday - Scott Buccieri (Working virtual from Headquarters)

Serve as conduit between the EOC and Command and General Staff on issues related to safety, medical, purchasing, finance, 911, and resource mobilization if needed.

7. Special Instructions:

8. Communications (radio and/or phone contact numbers needed for this assignment)**:**

Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)
/	
/	
/	
/	

9. Prepared by: Name: J. Krugman_____ Position/Title: PSC_____Signature: jdk

ICS 204	IAP Page ___5__	Date/Time: _____

ASSIGNMENT LIST (ICS 204)

1. Incident Name:	2. Operational Period:	3.
COVID-19 DFD	Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700	**Branch:** **Human Resources**

4. Operations Personnel:	Name	Contact Number(s)
Operations Section Chief:	**Murphy, Robert**	**303.884.6549**
Branch Director:	**Eberhard, David**	**720.607.5878 (c)**
		720.913.3408 (w)

Division:

Group:

Staging Area:

5. Resources Assigned:				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information

6. Work Assignments:

- Serve as the conduit for the Career Service employees to the C&GS on issues related to modified work schedules, work-at-home, technology needs, pay, and other HR related topics.

7. Special Instructions:

- **Updates and FAQs for Denver COVID-19**
  https://denvercity.sharepoint.com/sites/ModernDev/SitePages/Coronavirus_COVID-19.aspx

- **FAQs for Stay at Home order:**
  https://www.denvergov.org/content/denvergov/en/environmental-health/news/coronavirus-info/frequently-asked-questions---stay-at-home-order.html

- KRONOS TRACKING: Employees and managers must ensure time dedicated to the COVID-19 response is tracked correctly so the city can get reimbursed by the Federal Emergency Management Agency (FEMA) for personnel costs. For that to happen, all employees working on a COVID-19 response, either in the Emergency Operations Center (EOC) or as a part of their job duties, must use Kronos to capture those hours. Visit the Tracking Time in Kronos during COVID-19 Epidemic to see what you have to do. If you are doing your normal job but working remotely, there are also some special instructions. Questions? Email the Controller's Office, Payroll Division.

- City of Denver Stay at home order extended through 4/30/2020

9. Prepared by: Name: J. Krugman_____ Position/Title: PSC_____Signature: jdk

ICS 204	IAP Page ___6__	Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Incident Name: COVID-19 DFD	2. Operational Period: Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
Denver Health Paramedic	777 Bannock St, Denver	303.602.2566	**X** ALS ☐ BLS
Northglenn Ambulance	5650 Holly St, Commerce City	303.451.6882	**X** ALS ☐ BLS
Action Care Ambulance	14854 E. Hinsdale, Centennial	720.870.4700	**X** ALS ☐ BLS
South Metro Fire/Rescue	9195 E. Mineral Ave., Centennial	720.989.2000	**X** ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Denver Health	777 Bannock St. Denver	303.602.2566			**X** Yes Level:__1__	☐ Yes **X** No	**X** Yes ☐ No
Swedish	601 E. Hampden Ave Englewood	303.788.5000			**X** Yes Level:__1__	**X** Yes ☐ No	**X** Yes ☐ No
Saint Josephs	1375 E. 19th St. Denver	303.812.2000			**X** Yes Level:__4__	☐ Yes **X** No	**X** Yes ☐ No
UC Health	12605 E. 16th Ave Denver	720.848-0000			**X** Yes Level:__1__	**X** Yes ☐ No	**X** Yes ☐ No
Children's Hospital	13123 E. 16th Ave Denver	720.777.1234			**X** Yes Level:__1__	**X** Yes ☐ No	**X** Yes ☐ No

6. Special Medical Emergency Procedures:
Denver Department of Public Health and Environment (DDPHE) 720.913.1311 and please see COVID-19 Non-Transport Protocol in Addendum

7. Prepared by (Medical Unit Leader)**:** Name: Melissa Miccio Signature: mm

8. Approved by (Safety Officer)**:** Name: Melissa Miccio Signature: mm

ICS 206	IAP Page __7___	Date/Time:

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: COVID-19 DFD	2. Operational Period: Date From: 4/13/20 Date To: 4/15/20 Time From: 0700 Time To: 0700

3**. Safety Message/Expanded Safety Message, Safety Plan:**

- **<u>Dispatch will no longer be utilizing CODE19C</u>. Dispatch will now only be asking the following question in ProQA:**
  Has the caller had a cough or fever in the last week (7 days)?
  /SYMY = SYMPTOMS – YES: *followed by cough or fever or both*
  /SYMN = SYMPTOMS - NO

- **Be extremely vigilant with patients who present with a recent cough or fever for the past week (7 days). Do not solely rely on dispatch information; treat patients as potentially exposed.**

- If Denver Fire and Denver Health ALS arrives on scene together, Denver Health Paramedics will first go in to evaluate the patient and need for transport. If Denver Fire arrives first, **one member in full PPE at a distance** shall make patient contact to determine if there is any immediate life threats that need to be addressed.

- Take the time to donn the appropriate medical PPE which includes N-95, P-100 half masks, SCBAs, gowns, gloves, and eye protection. **The N-95 <u>cannot</u> be decontaminated. However. both the N-95 and surgical masks <u>can be re-used as needed and stored in a clean space such as a ziplock bag, paper bag, or tupperware container</u>. The ambulance trash bins are for general refuse and should not be used by our members for doff'd PPE that is considered bio-hazard waste**

- **Do not reuse N95 if they have been contaminated by a patient or the mask has degraded or broken down**. **<u>Contaminated</u>** is defined as a patient that coughed on person or an aerosolized procedure was done on scene. **<u>Degraded or broken down</u>** is defined as the mask is physically broken or torn, etc. Degraded Masks should be disposed of in the ambulance bio-hazard container if possible or placed in a department bio-hazard bag for disposal.

- **<u>Do not</u>** bring the ESO tablets into contact with a potential patient. Unless medical interventions are needed, leave all medical bags and oxygen at the door.

- Minimize the number of DFD members treating the patient (1 instead of 4) and maintain at least 6 feet of distance from the patient. Either hand or toss a surgical mask to the patient to minimize exposure.

- **<u>Remember</u>** that nebulizing patients with flu-like symptoms should be limited to those with severe respiratory distress. Please make every attempt to protect yourself by providing this level of care for those truly in need.

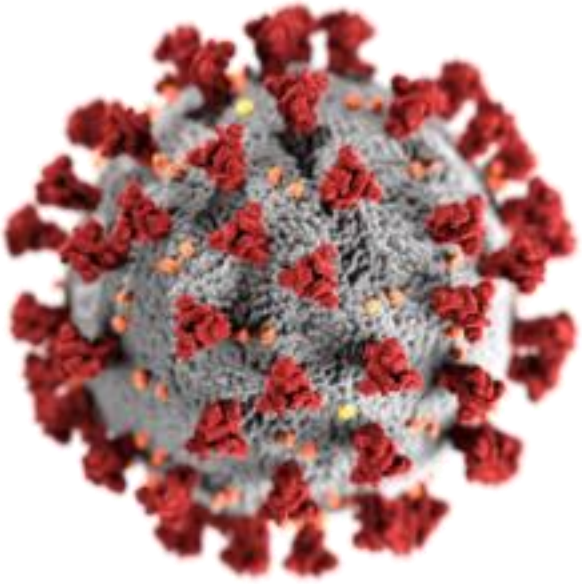
- For suspected COVID-19 patients, **<u>do not</u>** place them on a non-rebreather mask **<u>unless</u>** the patient is presenting hypoxic. If a non-rebreather is used, place a surgical mask over the non-rebreather.

- Consider contacting the patient via a cell phone from the rig. This provides an additional opportunity to limit exposure while asking questions.

4. Prepared by: Name: J. Krugman_____ Position/Title: PSC _____Signature: jdk		
ICS 208	IAP Page __8___	Date/Time: _____

Denver Fire Department

Communications Plan
Addendum to IAP



Incident Name	**COVID-19-DFD**
Incident Type	**Pandemic**
Incident Location	**Denver**
Incident Commander	**Deputy Chief Desmond Fulton**
Deputy Incident Commander	**Division Chief Ryan Nuanes**
Operational Period Begin	**April 13, 2020 0700 MST**
Operational Period End	**April 15, 2020 0700 MST**
Operations Period Number	**19**

DFD IAP
Addendum Documents

(For April 13, 2020)

1. DFD COVID 19 Daily Uniformed Employee Screening Form **(New 4/2/2020)**
2. DFD COVID 19 Risk Assessment Flow Chart **(New 4/2/2020)**
3. CCD Employee COVID-19 Q&A **(New 3/31/2020)**
4. COVID-19 Risk Assessment Survey for CCD First Responders **(Updated 4/1/20)**
5. CDC Doffing Guidelines Pictorial **(New 3/25/2020)**
6. Denver Fire Department Personnel Guidance – COVID 19 Response **(Updated 3/27/2020)**
7. COVID-19 Non-Transport Protocol
8. COVID-19 Symptoms Decision Tree **(NEW 3/27/2020)**
9. Behavioral Health Resources

COVID-19 Daily Employee Screening

Screening will be conducted on every uniformed employee prior to entering the workplace for the day. Screening is required and will be monitored by the on duty Officer. Only document temperatures that are ≥ 100.4˚F (38˚C).

Employee Name: _____

Employee ID: _____

Screening Date: _____

Screening Time: _____

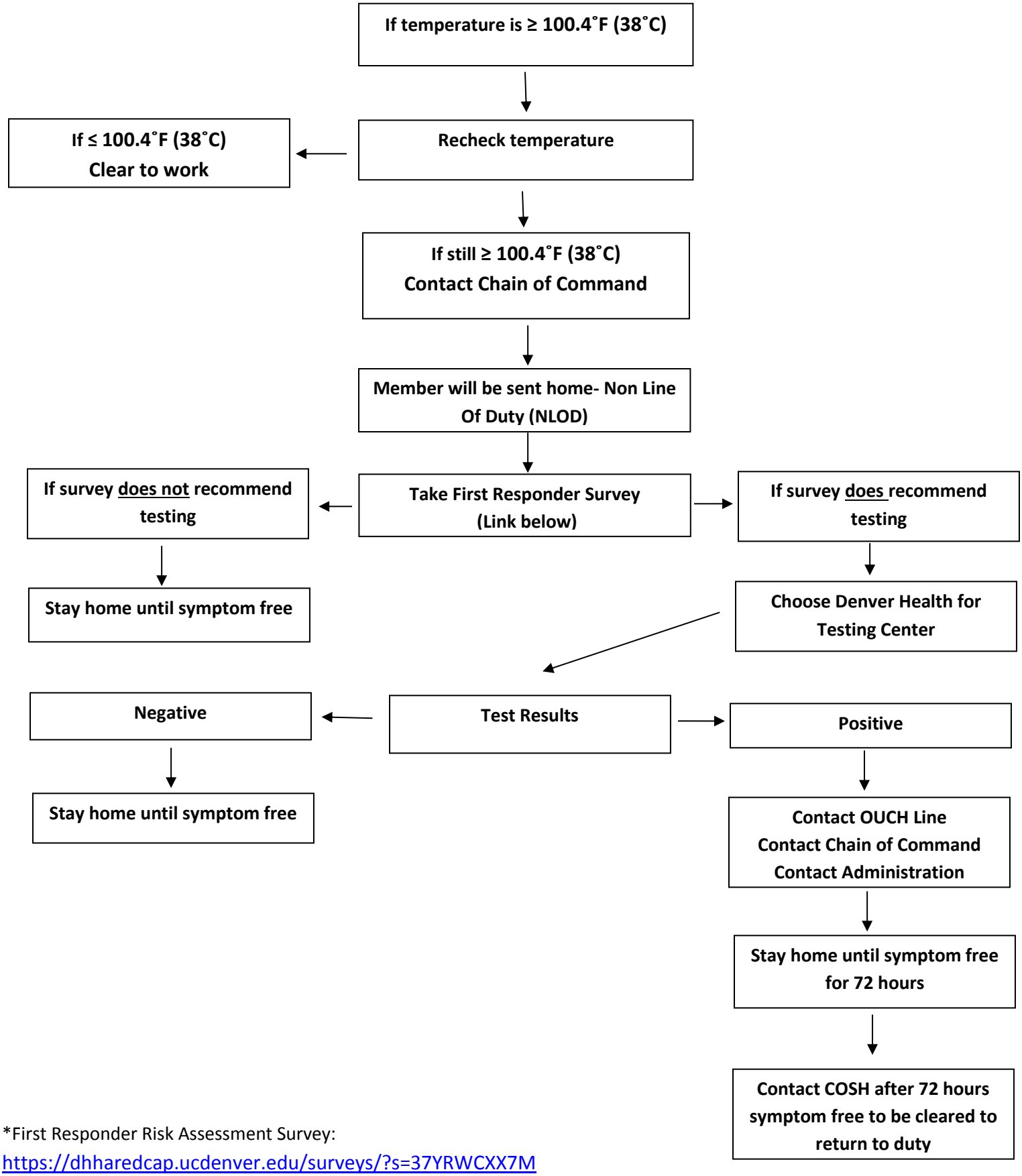
Are you experiencing any of the following symptoms?

	YES:	**No:**
Temperature ≥ 100.4˚F (38˚C)		

***** If temperature is **≥ 100.4˚F (38˚C)** please see DFD COVID-19 Risk Assessment Flowchart

- Send completed form to Operations Division Chief

DFD COVID-19 Risk Assessment Flowchart



*First Responder Risk Assessment Survey:
https://dhharedcap.ucdenver.edu/surveys/?s=37YRWCXX7M

Introduction - Employee Communications

The health and safety of our employees is always our top priority. As the situation regarding COVID-19 continues to evolve, we want to make sure our employees have the information they need to stay safe and healthy. In an effort to streamline communication, we will constantly update this Q&A document and post it on DenverHub along with all breaking news re: COVID-19 so employees can stay informed, or call the employee hotline at 720.913.1010 for a pre-recorded message with current updates. We will also post updates in the weekly Denver Employee Bulletin published each Tuesday. In addition, please refer to the Denver Department of Public Health & Environment website along with the Centers for Disease Control for the most up to date information about the virus. Prior to making any attendance exceptions, managers should discuss with their department/agency leadership and HR to make the final determination to ensure the decision is in alignment with current policies and practices during this time.

IMPORTANT - per the Centers for Disease Control:

1. Symptoms of COVID-19 appear within two to 14 days after exposure and include fever, cough, runny nose and difficulty breathing.
2. COVID-19 is primarily spread through respiratory droplets, which means to become infected, people generally must be within six feet of someone who is contagious and come into contact with these droplets.
3. Per Denver Department of Public Health and Environment, if you contract COVID-19 or have COVID-19 like symptoms, you will generally be sick for five to seven days. Once you feel better you should remain in quarantine for an additional 72 hours (three days). Most individuals, other than those with chronic health conditions and the elderly, will experience mild to moderate symptoms that will resolve, on average, in five days.

Wash your hands and remember - let's stay together by staying apart!

Please note, new questions for each Q&A version along with major changes to existing questions are highlighted.

Keep in mind that Q&As are subject to change, so it is recommended to use the online version instead of printing. Track the version number in the footer of the document.

Employee Pay and Work

SCENARIOS	ACTIONS/OPTIONS
#1: I believe I have symptoms of COVID-19.	• You should stay home, do **not** come into work and get better. • You should call your physician or Telehealth. • You should contact your supervisor. Keep your supervisor informed. • If you are well enough, and your supervisor approves, follow telework guidelines. • Otherwise, you can utilize accrued time off (PTO, sick or vacation leave) to cover your absences. • You can return to work 72 hours after you've been symptom free. • Please see Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA section for employee leave info.
#2: I have symptoms of COVID-19, but my physician will not order a test due to my symptoms not being severe enough or I don't otherwise qualify for testing.	
#3: I am awaiting test results for COVID-19.	
#4: I have tested positive for COVID-19.	• You must **not** report to work. • You must **not** return to work until you have been symptom free for 72 hours, or as otherwise directed by your physician. • You should notify your supervisor or HR representative that you have tested positive for COVID-19. That information will be kept confidential by your department/agency. Keep your supervisor informed. • Please see Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA section for employee leave info.

SCENARIOS	ACTIONS/OPTIONS
#5: I have tested positive for COVID-19 and believe I contracted it at work.	• Contact the OUCH Line at 303.436.OUCH (6824). • You must **not** report to work in the event that you have a positive test for COVID-19. • You should notify your supervisor or HR representative that you have tested positive for COVID-19. That information will be kept confidential by your department/agency. Keep your supervisor informed.
#6: If I had symptoms or had COVID-19, when can I come back to work?	• If you are returning to a work facility, you may return to work 72 hours after you are symptom free or as otherwise directed by your doctor. • If you are teleworking you may begin working when you feel better. • You should remain quarantined for 72 hours after you are symptom free.
#7: I may be more vulnerable to COVID-19 and/or I am uncomfortable being in the workplace as a result of potential exposure to COVID-19.	• Discuss with your supervisor if there are alternative work options available for you. • If no, contact your HR Representative or the city leave team at 720.913.5604, or email cityfmlaandada@denvergov.org to discuss your options. If you work in the Department of Safety call 720.913.6764 or email safetyhrleave@denvergov.org.
#8: I will be absent due to COVID-19, but I don't have any available accrued time off (PTO, sick or vacation leave).	• You must **not** report to work in the event you have tested positive for COVID-19. • You can return to work once you have been symptom free for 72 hours. • Ask your supervisor if there is an option to work from home. Otherwise, you will be on authorized unpaid leave until you accrue more leave. • Please see Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA section for employee leave info.
#9: I am a full-time, exempt employee and am teleworking, how should I track my time?	• You will need to log all Work from Home hours into Kronos. • You will **also** need to transfer all hours worked on COVID-19 tasks as an additional

SCENARIOS	ACTIONS/OPTIONS
	code in Kronos. See the Kronos and Payroll sections below for more information.
#10: I am a full-time or part-time, non-exempt employee and am teleworking, how should I track my time?	• You will use Kronos to clock in at the start of, or the end of, a work shift and/or lunch break. • You or your manager will need to code work on specific projects or tasks directly associated with COVID-19 on your timecard. See the Kronos and payroll sections below for more information.
#11: I am a full-time or part-time employee whose location has been closed and as a result, I am unable to telework in my current job.	• You may be redeployed within the same or different agency, and you may be doing a variety of tasks or a different job. • In addition, available workers may need to work outside of city operations to serve the needs of Denver residents. • If you are not redeployed and you are a Career Service employee, you will be paid in accordance with Career Service Rule 9-73 while the city is under a declared state of emergency.
#12: I am an on-call employee whose location has been closed.	• You may be potentially redeployed **OR** • You may be entitled to unemployment benefits.
#13: I have symptoms of COVID-19 and I'm an on-call employee. Will I get paid leave and get medical benefits to cover expenses?	• You should call your physician or schedule a e-visit or Telehealth visit. • Follow your physician's recommendations. • Call your supervisor and provide an update as to what your physician has ordered. • You can return to work 72 hours after you've been symptom free. • You may be entitled to unemployment benefits, but you will not continue to be paid while you are not working. • If you do not already have medical benefits, you may qualify through Connect for Health Colorado.
#14: I was sent home due to having symptoms of COVID-19.	• You should call your physician or schedule an e-visit, or Telehealth visit. • Follow your physician's recommendations. • Let your supervisor know what your physician has directed you to do in terms of working.

SCENARIOS	ACTIONS/OPTIONS
	• You can return to work 72 hours after you've been symptom-free, or as otherwise directed by your physician. • Please see Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA section for employee leave info.
#15: If a coworker tested positive will we be notified if we came into contact with the person when they were asymptomatic during the 14-day incubation period?	• The Department of Public Health and Environment performs a case investigation to determine if positive individuals had prolonged close contact with highly susceptible people, such as elderly family or immune-compromised friends or coworkers, and those individuals at risk are notified. At this point, since there is widespread, ongoing transmission within our communities, exposures could happen anywhere, and people should always monitor themselves for symptoms and stay home at the first signs of cough or fever.
#16: If someone in my household tests positive for COVID-19, is everyone then under quarantine, or just that person?	• Only symptomatic individuals should isolate themselves. Currently, if someone in a household tests positive for COVID-19, they receive instructions to isolate themselves, meaning they should not be in close, physical contact with other household members. • Others in the household should continue to monitor themselves for symptoms, and if they develop symptoms, they should also isolate themselves at home to reduce the risk of potentially spreading contagions to others. • Close contacts should limit their movement outside of the home and monitor themselves for symptoms. The sick should isolate. • Refer to Scenario #7 for information on pay.
#17: If am required to come to work, will I get hazard pay?	• No. Hazard pay does not exist under the Career Service Rules. Department of Safety uniformed personnel should contact Safety HR for clarification

Telework

Departments/agencies may have established telework policies in place. During this situation, depts/agencies may choose to adopt the Temporary Telework Guidelines for additional guidance. In addition, please refer to the Technology Services telework/working from home technical instructions. Please utilize additional resources that will assist you in teleworking from Workday Learning. Generally, the primary preferred communications channel for employees is their city email address.

Update: Tracking Time in Kronos

It is crucial that employees and managers ensure time dedicated to the COVID-19 response is tracked correctly so the city can get reimbursed by the Federal Emergency Management Agency (FEMA) for personnel costs. For that to happen, all employees working on a COVID-19 response, either in the Emergency Operations Center (EOC) or as a part of their job duties, must use Kronos to capture those hours.

In addition to recording COVID-19 time in the "Transfers" section of Kronos, employees must also add what they were working on and why it had to be done (how did it relate to the emergency response) into the "comments" section of Kronos.

Use the Tracking Time During COVID-19 chart to determine how to enter your time during this COVID-19 epidemic. Non-exempt employees who are working on COVID-19 related tasks interspersed between their regular duties, will have to create a punch and transfer each time they switch between tasks. This is the only way to accurately record the time dedicated to COVID-19 for these employees. Exempt employees working remotely due to COVID-19, but are performing their regular duties otherwise should use the Work from Home pay code outlined in the table.

Employees must work with their managers to determine what tasks/responsibilities, if any, relate to COVID-19 and then use the transfer function in Kronos to record the time.

Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA

The FFCRA was enacted by the Federal government and is in effect from April 1, 2020, through December 31, 2020. See the FFCRA Poster and Q&A for details. Emergency responders, including sworn Safety employees, 911 employees and other dispatchers, crime lab personnel involved in investigative/forensic work, EMS, victim's assistance personnel, public health personnel, emergency management personnel, and public works personnel, may not be eligible for the leaves provided by the Act. Visit The Families First Coronavirus Response Act's Emergency Paid-leave Provisions for details on employee eligibility and leave options summarized below:

- You may be entitled to paid leave up to 80 hours at your regular rate if you are unable to work/telework because you have been diagnosed with, have symptoms of, or because you have

been exposed to COVID-19. You may be entitled to paid leave up to 80 hours at a reduced rate if you are unable to work/telework because you are caring for someone in those situations.

- You may be entitled to paid leave at a reduced rate if you are unable to work/telework because you have to care for your son/daughter because his/her school or child care provider is closed because of COVID-19.

If any of these apply to you, please contact the city leave team at 720.913.5604, cityfmlaandada@denvergov.org. For DPL employees should call 720.865.2072 or email lcordova@denverlibrary.org. Department of Safety employees should call 720.913.6764 or email safetyhrleave@denvergov.org.

If you have an underlying health condition that is further complicated by COVID-19 and you are unable to work/telework as a result, you may be eligible for FMLA (unpaid job protection).

All other absences defined as a possible serious health condition under FMLA will continue to follow current established protocol. Employees are expected to follow their department/agency designated procedures for reporting absences.

General Questions and Answers

Temporary City Facility/Workplace Closures

1. Q: If my work location or facility is officially closed, what is my status?

A: You will be notified by your manager about your status as follows:

- If you are able to telework, you will be expected to do so.
- You may be redeployed to work in another job within your agency or another work location.
- You may be redeployed to work in another job in a different agency or another work location.

If any of the above occur, full-time employees (FTE) will receive their normal pay rate and on-call employees will be paid at their current pay rate for all scheduled hours. If none of the above options are available and the closure takes place during a declared emergency, career service employees will be paid in accordance with Career Service Rule 9-73.

OUCH Line

2. Q: What is the OUCH Line?

A: The OUCH Line is a 24 hour-a-day, 7-day-a-week reporting service staffed by health professionals and is only to be used for reporting work-related injuries and illnesses. City and County of Denver employees use this service to report work related injuries and illnesses, and to receive medical advice from a nurse. In the case of suspected COVID-19 exposure, the employee should only call the OUCH Line if he/she is symptomatic and believes they have been exposed while at work to a person who has or is presumed to have a positive test for COVID-19. The OUCH Line nurse will discuss treatment options, which may include seeking care at one of the city's designated providers for workers compensation injuries.

3. Q: I believe I contracted COVID-19 at work. Will the city compensate me for time away from work?

A: If an employee believes they have contracted COVID-19 in the workplace they should notify their supervisor immediately and contact the OUCH Line at 303.436.OUCH (6824).

4. Q: Will workers comp cover me if I catch COVID-19 at work?

A: While we encourage employees to notify their supervisor in the event of a potential work related exposure and contact the OUCH Line if they develop COVID-19 like symptoms or test positive for COVID-19, it is important to keep in mind that exposure to COVID-19 does not meet the threshold for a workers compensation claim until an investigation is completed AND until the employee is diagnosed with a confirmed case of COVID-19 directly related to a documented occupational exposure while performing essential functions of the job.

As community transmission will likely progress quickly from "limited community spread" to "widespread community spread" according to the Colorado Department of Public Health and Environment, this will become increasingly difficult to link to a work exposure.

Because a claim hinges upon an actual COVID-19 diagnosis, an employee who is exposed and placed on a 14-day quarantine but doesn’t actually contract the virus would not be covered by workers compensation claim -- even if there was a likely work-related exposure.

Essential Employees

5. Q: How do I know if my position is deemed an “essential” position?

A: The department/agency’s appointing authority will make the determination as to which employees are in essential positions or are not in essential positions. Essential position employees need to be available to support city requirements. If you are unsure of your status, please contact your supervisor.

6. Q: During a state of emergency, can agencies reassign employees work duties to work a different job (classifications)?

A: Yes, with the emergency declaration, department/agency leadership can direct employees to perform work outside of their normal job classification. You will be expected to accept the assignment you are given to best support the needs of the department/agency.

Benefits (This information applies to all benefits-eligible employees)

7. Q: How do I find information about our health care provider networks?

A: Treatment for COVID-19 will be covered under our health insurance like any other medical claim and out-of-pocket costs will be the same as any other medical claim. Employees can contact their insurance provider for more information.

Our medical providers offer convenient Telehealth options for our employees and their eligible family members. Telehealth allows employees to get medical advice without going to the doctor's office, will help the employees decide if they should be tested or treated and will advise the employee on medical care and next steps.

Accessing care varies by the insurance company the employee is enrolled in; the following are the care options for each respective insurance company:

Kaiser Permanente Members:

- Members may log-in to their account at www.kp.org, through the Kaiser Permanente app or call the main Kaiser appointment and advice line at 303-338-4545 or 1-800-218-1059 (TTY 711) to receive the following online care options:
  - Email your doctor,
  - Chat with a doctor (7:00 am – 10 p.m. seven days a week), or
  - Request an e-visit.

UnitedHealthcare Members:

- Members may contact their primary care provider for care options, or, if the individual provider does not have the ability for a telemedicine visit,
- UHC also contracts with the following covered providers at costs similar to that of an urgent care visit:
  - Teledoc can be accessed via myuhc.com or through the new UnitedHealthcare app. See instructions.
  - AmWell and Doctors on Demand can be accessed via myuhc.com as well or by downloading the respective app and accessing through the app. See instructions.

Denver Health Medical Plan Members: contact the Nurse Line at 303-739-1112, 24-hours a day.

8. Q: Will the city help pay or waive any co-pays for medical treatment?

A: Treatment for COVID-19 will be covered under our health insurance like any other medical claim and out-of-pocket costs will be the same to employees as any other medical claim.

9. Q: Is the COVID-19 test be covered by my healthcare plan?

A: Yes

Finance and Payroll

10. Q: Do I need to track expenses associated with COVID-19?

A: Yes, every department/agency must track expenditures connected with COVID-19 in **Workday** and employee hours worked to support COVID-19 in **Kronos**.

11. Q: What Workday worktag should I use to track expenses?

A: Use the program code PG001005 Coronavirus COVID-19 DEN20200304001.

12. Q: Is there a report in Workday that I can run to see my COVID-19 expenses?

A: Yes, the name of the report is CCD Journal Summary – Coronavirus COVID-19. Anyone with a Company Financial Analyst role can run the report. Contact your agency budget analyst with questions.

13. Q: How do I track my time connected with COVID-19 in Kronos?

A: Employees must work with their managers to determine what tasks/responsibilities, if any, relate to COVID-19 then use the transfer function in Kronos. Refer to the following Kronos job aids on DenverHub:

- Transfers for Non-exempt
- InTouch Timeclock Transfers for Non-exempt
- Transfers for Exempt
- Transfers for Managers
- Transfer Mobile job aids – in development

14. Q: Who do I contact if I have Kronos questions on recording time?

A: Email payrolldivision@denvergov.org.

15. Q: Has funding been established for expenses connected with COVID-19?

A: There is no appropriation for emergency situations. When incidents happen, the expenses will be recorded and funded by the department/agency that makes the purchase. Those expenses must include the incident number for the event and follow up with the Budget and Management Office after that event and determine the next steps.

16. Q: Who do I contact if I have questions about expenses associated with COVID-19?

A: If you have any questions regarding tracking COVID-19 expenses, email ctlgeneralaccounting@denvergov.org.

Other Guidelines

17. Employee Mobility

At the present time, credentials are not required for employees (or the general public) to move about the city. It is recommended that if you are outside traveling on city business by foot, bicycle, vehicle or other means of transportation, that you keep your City and County of Denver employee ID with you at all times in the event you are asked about the nature of your travel.

18. Personal Protective Equipment (PPE)

There is a lot of misinformation out there re: PPE and what the optimum measures are to take to stay safe. PPE includes, but is not limited to: gloves, gowns or aprons, goggles or face shields, facemasks (also called surgical masks), and respirators (such as N95). This full combination of PPE is generally only necessary for medical care providers and first responders who are actively working on symptomatic patients. The Denver Department of Public Health (DDPHE) is partnering with Denver Health and is in alignment with the CDC on these PPE facts. Here is what you and your employees need to do to stay safe:

- Wash hands with soap and water.
- Clean and disinfect frequently touched surfaces daily.
- Avoiding touching eyes, nose or mouth with unwashed hands.
- Cover your cough or sneeze with a tissue or your elbow.
- Avoid close contact with people who are sick.
- Staying away from work, school and other people if you become sick with fever and/or respiratory symptoms, such as cough.
- Following guidance from public health officials such as staying home if you are over the age of 65 or have underlying health conditions.

19. School and Day Care Closures

Please see Families First Coronavirus Response Act's Emergency Paid-leave (FFCRA) and FMLA section for employee leave information.

20. Employee Transportation

If employees do not want to take public transportation to work, the city will not offer a parking alternative or reimburse parking fees or mileage. Please speak to your supervisor regarding telework options. In addition, the city will not pay transportation costs for employee doctor visits, COVID-19 testing or any other transportation expenses.

21. Travel

All non-essential work-related travel has been suspended. If an employee has been travelling and has symptoms of COVID-19 or has potentially been exposed throughout the course of their travels, they will be asked to consult with the doctor and potentially self-quarantine at home for up to two weeks.

22. Non-Essential Gatherings and Meetings

As of Friday, March 20, the city amended the public health order so that it now requires all events and gatherings of more than ten (10) persons be canceled or postponed until April 10, 2020. For many city employees, they are already set up to work from home (WFH) and have worked through those WFH bugs. See the articles in the Denver Employee Bulletin for our WFH staff. However, many of our city employees are still working in the field to ensure the essential operations of the city continue during this crisis. Directors have put procedures in place for employees to check in individually with their supervisors, instead of gathering in groups of crews or sections. If employees see gatherings of people more than ten, they should report that directly to their supervisor. Continue to protect yourself by:

- Meetings/activities that do not have to be held in person should be discontinued (for example, all-staff meetings, birthday celebrations, etc.).
- Consider holding meetings by conference call or Skype instead.
- If gatherings do occur, clean high-touch surfaces with approved cleaners before and after meeting.
- Signage should be posted at entrances reminding visitors / participants:
    - Do not enter if you are symptomatic with cough, sneezing, or fever
    - Wash your hands frequently, including before eating and after using the restroom
- Meetings related to COVID-19 response, under the guidance of the Emergency Operations Center and/or the Task-Force are considered essential. These meetings can be held virtually via teleconference or Skype.

23. Employee Guidance Resources

If you need extra support during this time and need someone to talk to Guidance Resources can provide support. Your GuidanceResources program is available at no cost to you and your employees 24 hours a day, seven days a week to assist with virtually any issue. This will help keep you informed about COVID-19, as well as offer guidance on how to remain healthy and deal with the emotional impacts of the outbreak.

24. Considerations for Conducting Job Interviews

During this situation, the recommendation is to conduct all interviews via phone or Skype. It is up to the manager to determine if an in-person interview is preferred. Per CS Rules, all positions require at least three candidates be interviewed. This also applies to panel interviews.

Citywide Operations/Miscellaneous

25. Q: How often are cleanings/disinfecting processes occurring in city facilities?

A: Facilities Management custodial teams have amplified and expanded services in all city facilities. A large number of custodial contractors have also been added to our accounts to provide these enhanced cleaning services. This includes additional cleanings and sanitizing for high-touch surface areas such as doors, counters, railings, restroom fixtures, customer counters, and door knobs. We have increased restroom checks of paper towel and soap dispensers. City facilities with large employee populations and that serve the public are receiving nearly ongoing cleanings and disinfecting throughout the day. Smaller city facilities are also receiving elevated cleanings and disinfecting to keep these buildings clean and safe for employees. We have received some requests for specialized soaps and products that are perceived to be more effective for hand washing. Per the CDC's guidelines, regular soap and water are just as effective for hand washing as other products. Studies have shown that there is no added health benefit for people using soaps containing antibacterial ingredients compared with using plain soap.

26. Q: How do we submit requests for cleanings/disinfecting an area?

A: Please continue to follow the normal process for handling Facilities Management requests, including custodial requests. Agency representatives should submit work orders through the *Infor* work order system or via email. Submit any additional work orders for custodial/cleaning requests through the same process. The list of Agency Representatives has been published on the Facilities Management DenverHub site so that all employees can be aware of the process for submitting work orders and requests related to city facilities. If you have questions or concerns related to Facilities Management and custodial services, please contact your Agency Representative so they can keep us informed and we can provide answers.

27. Q: What products are considered most effective for cleaning and sanitizing?

A: Please refer to the detailed product information provided by DDPHE.

33. Q: What do we need to know about handling paper, mail, money and other paper products?

A: While the risk of contracting COVID-19 from paper products is low, you should continue to follow the CDC recommendations of everyday preventive actions to help prevent the spread of respiratory viruses, such as COVID-19:

- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

You can find other preventative actions on the CDC website.

COVID-19 Risk Assessment Survey
For City & County of Denver First Responders
(Revised 4/1/2020)

Purpose: Once completed, this survey will stratify the employee to the appropriate risk group according to current guidelines, based on his/her responses to the questions. **If the employee screens as high risk, he/she will be directed to COVID-19 testing options.**

Survey Link: https://dhharedcap.ucdenver.edu/surveys/?s=37YRWCXX7M

A few important notes about testing:

- At present, the Denver Health Drive-Thru Testing Clinic is able to accommodate *any employee who screens as high risk*. If the employee screens as high risk and chooses the Denver Health Drive-Thru Testing Clinic, he/she will be contacted by our scheduling team.

- ***IF an employee tests positive AND believes it is from a direct contact at work, THEN he/she can call the OUCHLine to report it & pursue the WC process.***

Doffing Procedures

1- If there is any visible soiled area on the PPE clean off using approved wipes prior to removal of PPE.

2-Clean gloves with sanitizer or approved wipes, remove old gloves (using best practice methods in appendix A), sanitize hands and put on new gloves. **If gown has thumb holes remove them prior to donning new gloves.

3-Remove gown using following procedure:

**Remember to move slowly and pull gown away from face.

4-Sanitize gloves, remove goggles or face shield using the side arms or strap to pull away from face, leaning forward slightly and dispose of in trash, wipe clean with approved wipe or place in ambulance to be Aeroclaved.

5-Sanitize gloves, remove N95 mask using following procedure:

1-Grab bottom band with fingers, do NOT touch the front of mask during removal.

2-Pull bottom band over head, leaning slightly forward and being careful not to flip mask up into eyes.

3-Remove top band pulling mask away from face and throwing it into trash or place in container if reusing.

6-Remove gloves (using best practice methods in appendix A) and wash hands properly for at least 20 seconds.

Appendix A

"Beak Method" Glove Removal Steps		
STEP 1: Using one gloved hand, pinch and pull the base of the other gloved hand.	**STEP 2:** Use the middle finger to scoop the cuff of the glove.	**STEP 3:** Pull the glove inside out over all the fingers and thumb to form a "beak."
STEP 4: With the beaked hand, pinch the opposite glove at the base and pull the cuff.	**STEP 5:** Roll the glove inside out and off the hand.	**STEP 6:** With the ungloved hand, use the index finger to pull the beaked glove off at the base of the beak and dispose into the appropriate waste container. Always wash your hands after glove removal.

Denver Fire Department Personnel Guidance
Response to Potential Cases of Coronavirus Disease 2019
COVID-19 – DFD
(updated 4/1/2020)

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have had mild to severe respiratory illness. The virus is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.

For personnel performing **daily routine activities**, the immediate health risk is considered low.

If you must come into close contact with a suspected COVID-19 case, you MUST wear personal protective equipment (PPE).

- Close contact is defined as being **within approximately 6 feet,** or having direct contact with body fluids (e.g., blood, phlegm, or respiratory droplets).

Minimum recommended PPE is:

- A single pair of disposable nitrile gloves,
- Disposable isolation gown or single-use/disposable coveralls[1],
- Any NIOSH-approved particulate respirator which includes N95, P100, or SCBAs.
- Eye protection (*i.e.,* safety glasses, goggles or disposable face shield that fully covers the front and sides of the face)[2].

Note: Medical PPE (medical gloves, safety eye protection and N95 or equivalent) should be a consideration on all non-EMS calls such as elevator entrapments, auto accidents, and PFAS alarms.

[1] If unable to wear a disposable gown or coveralls, ensure all gear is cleaned/disinfected after contact with individual.
[2] CDC recommends goggles or a face shield. If they are unavailable or interfere with vision, safety glasses with side shields will provide some protection.

Denver Fire Department Personnel Guidance
Response to Potential Cases of Coronavirus Disease 2019
COVID-19 – DFD
(updated 4/1/2020)

After Close Contact:

DECON Procedures for Possible COVID-19 Exposures at the conclusion of a call:

- Take the time to donn the appropriate medical PPE which includes N95/ P100 half masks, SCBAs, gowns, gloves, and eye protection.
- Prior to getting back on the rig doff mask, safety glasses, gown, and respirator (N95, P100, or SCBA) with gloves on
- **The N-95 <u>cannot</u> be decontaminated. However. both the N-95 and surgical masks <u>can be re-used as needed and stored in a clean space such as a ziplock bag, paper bag, or tupperware container</u> for an entire shift or longer if the mask can be doffed with clean hands and stored in a clean space such as a clean, dry plastic bag.**
- **Do not reuse N95 if they have been contaminated by a patient or the mask has degraded or broken down**. **<u>Contaminated</u>** is defined as a patient that coughed on person or an aerosolized procedure was done on scene. **Degraded or broken down** is defined as the mask is physically broken or torn, etc. Degraded masks should be disposed of in the ambulance bio-hazard container.
- Safety glasses should be cleaned with disinfecting wipes (purple containers) or Oxyverse 16 solutions
- Wash hands as soon as possible.
- Wash your face if you touched it with your hands
- If involved in an obvious transmission:
    - Avoid shaking clothes
    - Wash your clothes in hot water and dry with heat
    - Take a shower

Apparatus/Equipment

- Wear gloves while performing de-contamination duties.
- Washdown surfaces with Oxyverse 16 located in firehouse dispensers.
- Another option is to use a bleach solution
    1. 20:1 ratio of water to bleach, ¾ cup to one gallon.
    2. Bleach solution has a shelf life of 24 hours.

Departing the Firehouse Recommendations

- Take a shower before departing the firehouse or going home.
- Wash and leave uniforms at the firehouse if applicable.
- Wear civilian clothing for travel to and from home

Contact the Department Quartermaster for the replacement of all sanitizing supplies.

COLORADO
Health Facilities & Emergency Medical Services Division
Department of Public Health & Environment

COVID-19 NON-TRANSPORT PROTOCOL

Purpose

A. Identify patients that are safe to not transport to a hospital during widespread cases of confirmed COVID-19 patients in order to accomplish the following:
   a. Minimize disease transmission to the community
   b. Protect first responders and healthcare personnel
   c. Preserve healthcare system functioning when the system is overwhelmed.

Indications for Non-Transport

A. EMS agency Medical Direction has decided to enact non-transport guidelines based on local indications that the healthcare system infrastructure is overwhelmed. This may include, but is not limited to, one of the following circumstances:
   a. Hospitals are exceeding maximum census
   b. Hospitals and facilities are experiencing significant overcrowding
   c. Hospitals and first response agencies have enacted surge plans
   d. Healthcare providers are unable to obtain required personal protective equipment (PPE) to prevent transmission of disease.

Assessment Algorithm for Non-Transport

Initial Assessment:
- Refer to COVID-19 screening protocol for initial encounter guidance
- Initial assessment should begin from a distance of at least 6 feet from the patient and be limited to one EMS provider if possible.

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Inclusion Criteria for Non-Transport:
- Age < 60 years old
- History of fever with symptoms of viral syndrome illness (cough, nasal/chest congestion, sore throat, body aches)
- **Vital signs:** (or normal for age for pediatric patients)
  - Respiratory Rate > 8 or < 20
  - O2 Saturation > 90%
  - Heart Rate < 100 bpm
  - Systolic BP at least 100
  - GCS 15
- **Absence of** shortness of breath with activity, respiratory distress, syncope, cyanosis, diaphoresis, and chest pain other than mild pain with coughing
- Patient has intact decision-making capacity

No → Proceed with standard medical treatment protocols

Yes to all ↓

Non-Transport Disposition:
- The patient has a support system
- EMS provides notice to local public health authorities in a timely manner
- Patient should be followed up by local public health authorities, pre-hospital/out-of hospital services, or other health care services
- Contact medical control if patient refuses non-transport

Patient guidance for EMS return precautions depending on system's ability to respond:

Severe shortness of breath, confusion or alteration of mental status, syncope, moderate to severe chest pain, inability to tolerate food or liquids, skin cyanosis

Decision Tree for symptoms

CORONAVIRUS

- Fever
- Cough
- Shortness of Breath, or difficulty breathing
- Symptoms appear 2-14 days after exposure

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- Fever
- Cough
- Muscle aches
- Fatigue & weakness
- Chills & sweats
- Congestion
- Sore throat

ALLERGIES

- Sneezing
- Itchy nose, eyes or roof of the mouth
- Runny, stuffy nose
- Watery, red or swollen eyes

N-FA

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Dealing with the Psychological Aspects of the Coronavirus (COVID 19): Preparation and Response

Dealing with a public health emergency can create a variety of emotions for you and your family. These types of emergencies can be particularly stressful and intense as you are tasked with taking care of yourself and your loved ones while managing job responsibilities. By preparing and understanding common reactions, you will be more equipped to cope with competing priorities and the common effects of experiencing a public health emergency. If the emergency goes on for an especially long period of time your stress responses can be more intense than you are accustomed to experiencing. The following is information is intended to a) identify some of the specific reactions you may experience and b) identify specific coping techniques for each of the expected reactions:

Information Overload-Due to ongoing traditional media and social media coverage. The overload can also be exacerbated by constant discussions with family members, friends or co-workers. This information overload can cause you or your family members to start anticipating and worrying about the next news report or update. This will often leave you and your family feeling on edge and hypervigilant.

- **Intervention Options**
  - Limit your media exposure in terms of frequency, duration and time of day.
  - Don't contaminate yourself with negative information before sleeping or other relaxing events.
  - Limit your viewing to only balanced sites that you trust, and reputable scientific sources such as the CDC guidelines.
  - When you start experiencing sensory overload from either watching or listening to negative information, switch to positive or relaxing watching or listening.

Sleep Disturbances-Sleep disturbances, including nightmares and/or difficulty falling/staying asleep are common stress or trauma reactions.

- **Intervention Options**
  - Don't lay in bed and obsess about the events or the bad dreams
  - Write about the distressing event and/or the nightmare in as much detail as you can. Writing about an event can assist the brain in processing through what happened and may alert you to negative self-talk (I should have done x; what if y, etc.) Becoming aware of unproductive thought patterns gives you the opportunity to make changes.
  - Engage in a sleep routine prior to going to bed that is relaxing. Spend at least 15-20 minutes engaging in quiet activities (e.g. brushing your teeth, reading an entertaining book, stretching, meditating, etc.)

- **Increased emotionality-**Increased anger, emotional outburst, and/or general irritability with others are also common. Another problem that can develop is that you start to focus on micro-stimuli instead of macro-stimuli. So instead of focusing on the task at hand you become distracted by little things such as your significant other or children crunching their cornflakes and gulping their milk. These emotions, if not controlled, can lead to free floating anger or anxiety feelings of despair, hopelessness, and helplessness.
    - **Intervention Options**
        - Try to avoid alcohol-while alcohol may temporarily make you feel better and allow you to disengage, substance use can worsen anger responses and can add to problems at home and in your personal/professional relationships.
        - Stay in contact with your support system and your coworkers.
        - During ongoing emergencies, you may not have time to process emotions. So you may find that the emotions will occur once the danger has completely passed or you have time to unwind.
        - Stress and trauma reactions tend to be more severe when you feel personally unsafe or helpless to assist your family. Stay connected with your family members, your community or your support systems.
        - Understand that your role during this public health emergency may be different than anything you have done before, and this may cause additional stress. Acknowledge that this is normal.
        - Separation from family will likely exacerbate your worries. If possible, periodically check-in with at least one member of your family. Note that communication abilities may decrease or even be impossible, so if your family is unreachable, do not allow your mind to go to worst-case scenarios.

- **Shattering of both your and your family's assumptions of safety and well being-** We all have assumptions about the world and our lives. These assumptions can be things like 'my kids are safe at school and nothing bad can happen there, 'movie theaters are safe places' or 'I am safe in my community from public health emergencies. When these assumptions become shattered you must make a choice to engage in denial (it won't be that bad), psychologically deteriorate into feelings of helplessness or hopelessness, avoid the situation by focusing on a specific task, or developing a 'New Normal'
    - **Intervention Options**
        - In order to survive we all must engage in a bit of 'Denial' for example with all of the school shootings you need to assume that the school has a good safety protocol otherwise you would never let your children leave home

- In dealing with public health emergencies you must develop the 'New Normal' in which you assume they can and will occur, but you will have safety plans for you and your family.
- If you can't develop a good coping strategy for you and your family, it may be time to re-evaluate your lifestyle.
- Respond to the public health emergency as if you are a survivor not a victim-This means that you need to utilize all of your coping resources. You wouldn't judge yourself for needing a doctor's assistance resetting a broken bone so don't judge yourself if you need assistance resetting after this psychological trauma. Utilize whatever resources you have available to you including family, friends, spiritual advisors, or mental health professionals.
- Make stress reduction a priority- Downtime is essential. Avoid burnout by regularly engaging in activities you find pleasurable and that allow you to recharge. You don't question your phone battery's need to recharge each day so why assume you don't need to recharge as well? Once energy is depleted, action is required before it can be replenished-no one has an endless supply and energy doesn't magically restore.

- **Work and family conflict**-This is the hardest issue you will face. How do you balance your career with your family's concerns and wishes? If you choose one over the other there will be resentment either by you or your family.
  - **Intervention Options**
    - Consensus and Compromise are the best choices. Accommodations that are not reciprocal can and will lead to Resentment.
    - Problem solve ways to meet work demands while at the same time alleviating your family's fears and anxieties.
    - Generate a time-line for problem solving. Then at the end of the time line re-evaluate the direction and focus.
    - Take advantage of City's Agency's psychological services
    - Don't minimize your or your family's fears.
    - Re-evaluate how you are doing. This involves being honest with yourself and asking others about how they think you are doing

- **A note on quarantine**- Some individuals who are suspected to have been exposed to COVID-19 have been asked to self-quarantine for up to 14 days. Quarantine can be stressful and lead to a variety of psychological and physiological symptoms, including: Fear about your health and safety, including stress or hyper-vigilance about checking yourself for potential symptoms. Other emotions may be sadness, anger, or anxiety related to separation from family and friends, boredom or fatigue at lack of stimuli and guilt about being unable to work or support others, especially children or family.

- **Intervention Options**
  - Distractions: Engage in both active (exercise, cleaning, regular work) and passive (watching TV, reading, listening to music) activities if able. Ensure you have a variety of different stimuli to engage with. Avoid using substances as a form of distraction or symptom reduction.
  - Remote Social Interactions: Utilize texting, voice calls, and/or video calls to engage with others. Avoid focusing discussions solely on negative aspects of the quarantine.
  - Processing Emotions: Reach out to friends or family to express your emotions related to the quarantine. Keep a journal where you write down your experiences and feelings, try to be as detailed and open as possible. Consider accessing remote or tele-psychology services if you notice you are struggling psychologically.

During this time it is important to focus on preparation rather than panic. If you or any member of your family is struggling, remember that there are many resources available to you and your first responder family including Peer Support, Chaplain services, and Nicoletti-Flater Associates. We offer and will continue to offer tele-therapy to accommodate your needs during this state of emergency.

Additional Resources

CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html
Family Emergency Plan Wallet Cards:
https://www.fema.gov/media-library-data/1440517182204-fd5e99bd2931f0f566d068ca844370ce/Family_Emergency_plan_wallet_2015.pdf
Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event- A Guide for Parents, Caregivers, and Teachers:
https://store.samhsa.gov/shin/content//SMA12-4732/SMA12-4732.pdf
Managing Intense Emotions During Disaster Response:
https://store.samhsa.gov/shin/content//NMH05-0210/NMH05-0210.pdf
Returning to Work After Disaster Response:
https://store.samhsa.gov/shin/content//SMA14-4870/SMA14-4870.pdf