COVID 19 Webinar

March 23, 2020
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Welcome

• Introduction of Presenters
  – Fire Chief Gary Ludwig, IAFC President
  – Dr. James Augustine, MD, FACEP
  – Fire Chief John Sinclair, COVID Task Force Chair
  – Mr. Ken LaSala, Director of Government Relations
  – Mr. Amit Kapoor, CEO First Line Technology
Developing a Response

“What we can’t do during a battle, is lose our forces.”

- **Personnel Health and Safety**
  - Stations - sterile
  - Checking personnel health on arrival for shift or response – symptoms first, the temperature
  - Apparatus and supplies clean
  - Station-specific scheduling
  - Health monitor process/forms each staff member

Return to work strategy 14 or 7 days
The Right Responses

• Ask callers about symptoms:
  – Difficulty Breathing
  – Running Nose, Sore Throat, Dry Cough
  – Fever

• Ask about *known COVID* in patient or others in the house

• Advise crews “Respiratory Protection Indicated”
• Day Care for Personnel – Need Safe Sites
• Usual Weak Points:
  – Nursing Homes
  – Home Health – Rapid Increase “Lift Assists”
  – Group Homes and Homeless
• Medication shortages
• PPE
PPE Conservation

• Conservation and re-use strategies
• **Immediately provide surgical mask to patients**
• Minimize personnel contacting patient
• Standard PPE
  – N95 (when available) or surgical mask for providers
  – Goggles/Face shield
  – Disposable gloves
  – Gown/coveralls if patient coughing/sneezing
• High-risk Encounters
  – Utilize N95 or higher
  – Gown/coveralls, head cover
• **Nebulizer treatments outside, crew more than 6 feet away, patient’s clothes covered with a sheet left at the scene**
Disinfection

- Don’t get any equipment or vehicles dirty that don’t need to be dirty
- Keep radios and computers 6 feet away
- Leave ambulance doors/windows while transferring patients and completing reports
- Use approved disinfectant on all high-touch, dirty, and horizontal surfaces inside ambulance
Quarantine and Isolation

• Quarantine (not sick) vs. Isolation (Illness)
• Pre-plan quarantine
  – Quarantine/isolation locations
  – Logistics to support individual, physical and mental
• Proper PPE = no risk or minimal risk
• Incident Tracking process/forms

Fourteen day personal health form
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• We are at community spread – by those without symptoms or minimal ones
• Symptoms on presentation to EMS are wide
• Late in disease have fever, respiratory distress
Policy Priorities

• Telehealth Rapid Expansion – No Response and No Transport Processes
• Prioritize PPE/Drugs for fire and EMS
• EMS Surge Capacity
  – Expansion of license portability
• Modify CPR and Termination Processes to reduce risks
• Health System Failures – ICU to ED to Community
Congressional Priorities

$2 billion for AFG and SAFER
  $1 billion for AFG for supplies and equipment
  $1 billion for SAFER for backfill/overtime
  Direct funding to fire departments
  No local match/no peer review

Priority Testing for First Responders
Notification of Drug Shortages
Congressional Priorities

Protect jobs for volunteer firefighters
Permanent extension of VRIPA
Support Mutual Aid
  Temporarily Waive State EMS licensure
  Allow Safe Passage of Mutual Aid into Restricted Regions
Protect Communications on the T-Band
Executive Branch Priorities

Priority Testing for First Responders

Prioritize Necessary Supplies to Fire & EMS

Notification of Drug Shortages
Supply Chain Considerations

- Personal Protective Equipment
- Testing
- Treatment
- Disinfection

Mr. Amit Kapoor
President & CEO, First Line Technology
To ASK Questions of the Covid19 Taskforce or share documents from your agency

Email: covid19tf@iafc.org
Fit Testing Requirements

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