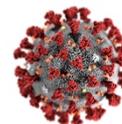


Incident Action Plan



COVID – 19 Pandemic Response

0800 APRIL **10**, 2020

OPERATIONAL PERIOD **24**



THE CITY OF
COLUMBUS

ANDREW J. GINTHER, MAYOR

DIVISION OF FIRE

Kevin O'Connor Fire Chief

Discard by: **0800** April **14**, 2020

COVID-19 EMS OPERATIONS PLAN

CLIFF NOTES

**All members should read and understand document before taking runs.
Ask EMSO if you have questions.**

<K:\Common Share Folder\COVID-19 PLAN\COVID 19 OPS Plan\EMS Ops Plan.PDF>

1. All incidents – maintain 6.5 ft distance
 - a. **All patient contacts require at a minimum, a respirator, eye protection, and gloves. Gowns or Tyvek suits should be added for high risk aerosolizing patients and/or procedures.**
 - i. **For all patients-apply or have patient put on a simple mask (surgical)**
2. Treatment and Transporting Suspected COVID-19 Patient to Hospital
 - a. Limit (as appropriate) members in back of medic.
 - i. **FULL PPE – GLOVES, GOOGLES, RESPIRATOR, GOWN**
 - ii. **Invasive Airway – I-gel first choice**
 - iii. **CPAP and Nebulization Treatment** – if used must AeroClave.
 - b. Radio Report to Hospital, “P-P-E Patient”
 - c. ECMO Protocol has been suspended.
<K:\Common Share Folder\COVID-19 PLAN\COVID 19 OPS Plan\Suspected Infectious Patient.pdf>
3. Transferring Patient at Hospital
 - a. Hold patient in medic until directed by Hospital Staff
 - b. **DO NOT ENTER HOSPITAL WITHOUT INSTRUCTION.**
4. Decontamination
 - a. Vehicle DECON
<K:\Common Share Folder\COVID-19 PLAN\COVID 19 Vehicle-Facility Decon\Vehicle Decon.pdf>
 - b. PPE Equipment DECON
<K:\Common Share Folder\COVID-19 PLAN\COVID 19 PPE\PPE Decon.pdf>
5. Documentation of Exposure
<K:\Common Share Folder\COVID-19 PLAN\COVID 19 OPS Plan\Exposure Reporting.pdf>
6. Nursing Home Response and High Risk Facility
<K:\Common Share Folder\COVID-19 PLAN\COVID 19 OPS Plan\Nursing Home-High Risk Facilities.pdf>

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: COVID-19/CFD	2. Operational Period: Date From: 04/10/2020 Date To: 04/14/2020 Time From: 0800 Time To: 0800
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3. Objective(s):

GOAL #1 PROTECT OUR WORKFORCE-WEAR PPE-LIMIT EXPOSURE

GOAL #2 PROTECT RESPONSE POTENTIAL

GOAL #3 CONSERVE EMS PPE SUPPLIES

Refer to Attached COVID 19/ CFD Incident Objectives

4. Operational Period Command Emphasis:

Oversight and management of CFD personnel. Limit exposure with persons exhibiting fever or lower respiratory illness (e.g. cough or shortness of breath)

Prioritize limiting exposure to patients

Conservation of EMS PPE

General Situational Awareness

COVID-19 is continuously being monitored by Columbus Public Health. Columbus Public Health has implemented self-quarantine and initiated active monitoring. Self-quarantine and active monitoring is required 14 days. Columbus Public Health is utilizing the Incident Command Structure for our public health response and has been actively engaged, both on traveler monitoring as well as updating partners (e.g. health care providers, Fire and EMS, universities, hospitals, etc.) on response and expectations. CONSERVE EMS PPE

5. Site Safety Plan Required? Yes No

Approved Site Safety Plan(s) Located at: REFER TO ICS 208

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<u>Other Attachments:</u>
<input checked="" type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> COVID 19 Objectives/Directives pg 4-7
<input type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input checked="" type="checkbox"/> Fire Station Routine pg 8
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input checked="" type="checkbox"/> Emergency Response Plan/FAO Directive pg 9-10
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input checked="" type="checkbox"/> Vehicle/FF Decon Procedure pg 33

7. Prepared by: Name: David Baugh Position/Title: Assistant Chief Signature: A/C Baugh

8. Approved by Incident Commander: Name: Kevin O'Connor Signature: _____

ICS 202	IAP Page <u>1</u>	Date/Time: 04/10/2020 0800
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**COVID 19
INCIDENT OBJECTIVES
(ICS) 202**

OBJECTIVE	MESSAGE	ASSIGNED TO	STATUS
COVID 19 Objective 1	Coordinate with leadership to establish a scalable system of oversight and organization to manage COVID-19.	All	COMPLETE
COVID 19 Objective 2	Develop Quarantine Plan for CFD Personnel.	Dr. Lowe	COMPLETE
COVID 19 Objective 3	Mitigation of workforce reduction	Koser	COMPLETE
COVID 19 Objective 4	Implement specific parameters for COVID-19 call taking procedures for Fire Alarm Office	FAO	COMPLETE
COVID 19 Objective 5	Cancel Civilian EMS Riders-	Training	COMPLETE
COVID 19 Objective 6	Stop civilian visits including family to fire house	ES	COMPLETE
COVID 19 Objective 7	Cancel civilian CPR and community relations	Train/FPB	COMPLETE
COVID 19 Objective 8	Decon Station / Temp Quarantine Station	Lowe/SSB	COMPLETE
COVID 19 Objective 9	Update immunization dissemination plan	Ferguson	COMPLETE
COVID 19 Objective 10	Develop Alternative Response Plan	T Smith	COMPLETE
COVID 19 Objective 11	Assign Liaison to Franklin County EOC	ES	COMPLETE
COVID 19 Objective 12	Develop plan to cancel all non-emergency functions	Training	COMPLETE
COVID 19 Objective 13	Safety Officer develop Aeroclave protocol	Bernzweig/SSB	COMPLETE
COVID 19 Objective 14	Establish Liaison to Quarantine Personnel	Blair	COMPLETE
COVID 19 Objective 15	Central location for all documents	Battle/Schultz	COMPLETE
COVID 19 Objective 16	Assign City EOC Reps BN-1	ES	COMPLETE
COVID 19 Objective 17	Voting isolation plan for 03/17/20	Ballard	COMPLETE
COVID 19 Objective 18	Create definitions PUI etc.	Ferguson	COMPLETE
COVID 19 Objective 19	Develop 7 day staffing to support general staff	Baugh/Sanders	COMPLETE
COVID 19 Objective 20	Determine effect of member National Guard deployment	Blair	COMPLETE
COVID 19 Objective 21	Training 214 Daily Log	Saksa/Baugh	COMPLETE
COVID 19 Objective 22	Develop Daily Plan	Saksa/Baugh	COMPLETE
COVID 19 Objective 23	Return to Duty Procedures from quarantine	Admin	COMPLETE
COVID 19 Objective 24	Establish Command Staff remote meeting process through WebX	FF Allen	COMPLETE
COVID 19 Objective 25	Command Staff will engage with National, Regional and State Public Health partners	Dr. Lowe	PERPETUAL
COVID 19 Objective 26	Readiness Evaluation Plan	All Bureaus	PERPETUAL
COVID 19 Objective 27	Evaluation of supply levels @ Groves/Stations	Supply unit	PERPETUAL
COVID 19 Objective 28	Response Plan for nursing homes/shelters/vulnerable	Dr. Lowe/React	COMPLETE
COVID 19 Objective 29	Contingency Plan for out of PPE/in field adjustments	SSB/Dr. Lowe	PERPETUAL
COVID 19 Objective 30	Washer and dryer at Groves Rd	Saltsman	COMPLETE
COVID 19 Objective 31	Develop Family Support option for Firefighters and police	Local 67	COMPLETE
COVID 19 Objective 32	Remote Access from home DOT	Martin	COMPLETE
COVID 19 Objective 33	Policy on clearing Patients and not transporting	Ferguson	ONGOING
COVID 19 Objective 34	Reserve food supplies	Toliver	COMPLETE

COVID 19 Objective 35	Emergency contract with Firehouse Decon Companies	Ballard	COMPLETE
COVID 19 Objective 36	Train & Mobilize volunteer Support	L67/member support unit	COMPLETE
COVID 19 Objective 37	Mental health care plan for personnel	Blair/L67	PERPETUAL
COVID 19 Objective 38	Alternate Telestaff work schedule	ES/L67	ONGOING
COVID 19 Objective 39	Proper procedure template PT14	Blair	COMPLETE
COVID 19 Objective 40	Streamline evaluation of symptomatic members	Safety	COMPLETE
COVID 19 Objective 41	Alternate Isolation Area (Executive Apartments and Hotels) K:\Common Share Folder\COVID-19 PLAN\Alternative Quarantine Locations.pdf	ES1/ES2/L67	COMPLETE
COVID 19 Objective 42	Donations received at Firehouses must go through Cols. FF. Foundation	J. Miller	COMPLETE
COVID 19 Objective 43	Develop contingency plan to shelter numerous displaced occupants in the event of an apartment fire, etc.	ES/Kirchner	COMPLETE
COVID 19 Objective 44	PIO to engage local/social media about changes to CFD EMS response to COVID -19 i.e. meet at the door/mask etc.	Martin	PERPETUAL
COVID 19 Objective 45	Develop reintegration plan for members returning from COVID-19 illness	Lowe/Bernzweig	COMPLETE
COVID 19 Objective 46	Liaise with Community Shelter Board to determine locations of alternate shelters for quarantined homeless. Share locations/Response Plan w/Mutual Aid Partners	SMITH	PERPETUAL
COVID 19 Objective 47	Tracking cost for Pod Module	BAUGH	ONGOING
COVID 19 Objective 48	Research of qualifications and staffing limitations being compliant with the current contract	FC O'CONNOR/L67	PERPETUAL
COVID 19 Objective 49	Develop alternative housing for asymptomatic (healthy) members	L67	COMPLETE
COVID 19 Objective 50	All known temporary shelter locations and/or properties requiring a <i>Change of Occupancy</i> are to be made known to the FPB to include the following: 1) Purpose, 2) Capacity, 3) Address, 4) Complete contact information	FPB	PERPETUAL
COVID 19 Objective 51	Develop contingency plan to deal with unattended minor of incapacitated guardian in need of transport	Ferguson/RREACT	ONGOING
COVID 19 Objective 52	Develop alternative decontamination options and vet the appropriateness as their presented and developed	Bernzweig/Safety	ONGOING
COVID 19 Objective 53	Develop non-ES teams to conduct Hydrant Inspections	Blair	ONGOING

**COVID 19
INCIDENT DIRECTIVES
(ICS) 202**

<u>DIRECTIVE</u>	<u>MESSAGE</u>	<u>ISSUED DATE</u>
COVID 19 Directive 1	All CPR, Community Relations cancelled	3/12/2020
COVID 19 Directive 2	No civilian visitors allowed to fire stations, including family	3/12/2020
COVID 19 Directive 3	All personnel watch videos on Target Solutions regarding PPE	3/12/2020
COVID 19 Directive 4	JATC weekend training cancelled	3/12/2020
COVID 19 Directive 5	EMS civilian riders temporarily suspended	3/12/2020
COVID 19 Directive 6	Station locked down. Doors closed/locked Signage posted "Due to COVID 19 Corona Virus access restricted call 911 for emergencies"	3/14/2020
COVID 19 Directive 7	All personnel conserve EMS PPE	3/13/2020
COVID 19 Directive 8	Random Drug Testing is now self- report plans coming 03/15/20	3/14/2020
COVID 19 Directive 9	All EMS and FIRE CE at TA is suspended	3/14/2020
COVID 19 Directive 10	All annual building inspections suspended	3/14/2020
COVID 19 Directive 11	JIC has been established DC Baugh is CFD Rep	3/14/2020
COVID 19 Directive 12	BN1 is Liaison to City EOC/ BN2 is Franklin County EOC	3/14/2020
COVID 19 Directive 13	All BC ES liaison SITSTAT your assigned liaison and give them contact info for COVID 19 Liaison Officer A/C Walton	3/14/2020
COVID 19 Directive 14	All Bureau Heads shall submit Essential Service Action Card to Fire Chief by Monday 03/15/20	3/14/2020
COVID 19 Directive 15	All stations shut off outside PA speakers	3/14/2020
COVID 19 Directive 16	FA storm	3/15/2020
COVID 19 Directive 17	House Inspections cancelled until further notice	3/15/2020
COVID 19 Directive 18	HI-Visibility coats are able to be worn as barrier, wipe down or wash	3/15/2020
COVID 19 Directive 19	Establish Daily Disinfection Policy at each fire house	3/15/2020
COVID 19 Directive 20	Social Distancing Policy all Firehouse and FAO	3/15/2020
COVID 19 Directive 21	At roll call ask "are you sick, do you have fever" if so then COD	3/15/2020
COVID 19 Directive 22	All calls to Columbus Public Health must go through Fire Chief O'Connor and Dr. Lowe	3/16/2020
COVID 19 Directive 23	Roll Call Respiratory Protection, Eye protection, Visibility Coats	3/16/2020
COVID 19 Directive 24	All external Meetings Cancelled	3/16/2020
COVID 19 Directive 25	Re-allocation of personnel will be decided by Executive Staff	3/16/2020
COVID 19 Directive 26	All supply request from FCEMA must funnel through Logistics	3/18/2020
COVID 19 Directive 27	Do Not Call EMS Supply for inventory levels refer to: K:\Common share folder\Covid-19 Plan\Document Submittal\Essential Resources	3/18/2020
COVID 19 Directive 28	Personnel with a positive COVID 19 test are to contact SO-4 614-332-9226	3/18/2020
COVID 19 Directive 29	All personnel shall be subject to a health check-in at their work location in accordance with the Daily Health Screening Checklist	3/18/2020
COVID 19 Directive 30	Personnel are to limit contact with personnel from another location whenever possible (e.g. station to station visits, on-scene, etc.)	3/19/2020
COVID 19 Directive 31	Refer to all users email dated 3/19 at 1440hrs for COVID 19 Payroll guidance	03/20/2020
COVID 19 Directive 32	Bureau Heads manage your 40hr sworn personnel and track their time to assure all personnel are working 40hrs per week	03/20/20
COVID 19 Directive 33	All volunteer contributions/gift cards are to be directed to Lt. Jeff Miller working with Local 67	03/20/20
COVID 19 Directive 34	Members with emergent needs/requests can email support@local67.com	03/20/20

COVID 19 Directive 35	Anyone wanting to assist members in various capacities email volunteer@local67.com	03/20/20
COVID 19 Directive 36	Out of FA Storm Mode until further notice	03/22/20
COVID 19 Directive 37	As part of the Division' "Social Distance Initiative" Directive 2. The Directive is to clarify this to include "off duty" personnel. Effective immediately only: on duty members, members completing a shift change, members preauthorized by the B/C or above to complete a Division mission are permitted in our facilities	03/23/20
COVID 19 Directive 38	For those listed on the Organization Assignment List (ICS 203 and 207). Submit the Activity Log (ICS 214) to Capt. Hart or place in the COVID 19 Submittal Folder by Friday each week.	03/27/20
COVID 19 Directive 39	Please follow Payroll Procedures outlined in All-Users email sent 03/27/20 @ 1354	03/27/20
COVID 19 Directive 40	Effective immediately all Division member casualty information will be considered "Critical Infrastructure Information" and will not be released to media or the public. The PIO and Ch. O'Connor must coordinate and authorize any release of information. This information is listed for internal use only on the ICS-209 and should be considered FOUO.	04/01/20
COVID Directive 41	In an effort to stop the spread of COVID-19 all correspondence and transactions with personnel and office at the Parsons Ave. Complex shall be completed via Division mail, email or phone	04/01/20
COVID 19 Directive 42	All patient contacts require at a minimum, a respirator, eye protection, and gloves. Gowns or Tyvek suits should be added for high risk aerosolizing patients and/or procedures.	04/03/20
COVID 19 Directive 43	Do NOT aerosolize any Unauthorized product and spray in vehicle or Fire Stations. Bleach is corrosive, peroxide is hazardous and isopropyl alcohol is extremely flammable.	04/03/20
COVID 19 Directive 44	Hydrant Inspections are suspended for ES Personnel effective 04/03/20	04/03/20
COVID 19 Directive 45	All personnel are instructed to immediately notify SO-4 ext. 7-5427 (c) 614-332-9226 if contacted by and Health Department notifying them they are to be placed in quarantine or isolation due to exposure of a positive COVID-19 patient. SO-4 will begin investigation of notification and make notifications to the Chain of Command about potential need to replace personnel	04/05/20
COVID 19 Directive 46	All personnel shall wear a surgical mask or greater level of protection when public	04/07/20
COVID 19 Directive 47	During Operational Periods All-Fire User E-mail shall be refrained from use in regards to specific updated IAP information. Aside from urgent Safety Messages. Use the COVID 19 Homepage to place updates in between OP Periods	04/09/20
COVID 19 Directive 48	For questions concerning RQI equipment, or card expiration contact FF. R. Kelley TR-25 or Lt. Mignogno. Refer to Appendix A for additional information	04/09/20

Additions & Changes for Operational Period 24: Directive 47 and 48-Appendix A, pg. 36, COVID-19 Testing Procedure pg. 23

COVID-19 Homepage: COVID-19 Testing Procedure

We are currently in STEP 1 of the COVID Emergency Response Plan pg. 9



THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR
DIVISION OF FIRE
Kevin O'Connor, Fire Chief

COVID-19

Fire Station Routine

Revised: 3/19/2020 4:10 PM

1. Normal Roll Call plus:
 - A. Medical check-in
 - B. Ensure all personnel have proper PPE including APR, eye protection and high-vis coats.
2. Morning checks to include disinfecting of apparatus cabs, MDC, radios, and door handles.
3. Morning situation report (SITREP)
 - A) Wellness check of family at home
 - B) Review of IAP w/ emphasis on new directives and Safety Message (ICS 208)
 - C) Review COVID -19 Homepage and Prevention Strategies document
4. House work with extra attention to disinfecting high contact areas(door handles, refrigerators, computers and radios).
5. Only one member inside the store for shopping. The remainder of the crew should stay with the apparatus.
6. Pass suggestions/concerns up the chain of command to your Battalion Chief prior to 1815 hours each day.
7. 2000 hours Roll Call and medical check-in.
8. Refer to the COVID folder for current stock supply levels. Emergency Supply Requests may be made directly through Logistics.

COVID19 Emergency Response Plan: Currently in STEP 1

The purpose of this plan is to develop the emergency response plan to address COVID19 dispatched runs, personnel expectations, steps in progression to this plan if needed and follow the IAP developed for this pandemic emergency.

As the Coronavirus has spread into the State of Ohio, the Division is reviewing the emergency responses to determine specific COVID19 symptomatic patients through the FAO Directive 33 call taking. The current CAD run response is for an ill person with comments to “read remarks” requiring PPE to be used during patient assessment.

Therefore, the recommendation is to utilize the CAD call type contagious emergency (CE) which will send a Medic and Engine for Level 1 dispatches. This run type notifies the dispatched crews that this run requires protective equipment without additional remarks. This will assist if the MDC are not working appropriately and will lessen confusion on these potential COVID19 patients.

Under direction of Dr. Lowe, implementation of this immediately will assist our safety personnel to prepare for potential patients and protect the crews. This is the first step in this plan and can be expanded depending upon the increased volume of Contagious Emergency runs. Level 1 is ALS Run, Level 2 is BLS run.

The Step Plan is as follows:

- Step 1 Immediate implementation to FAO dispatch Contagious Emergency
(CE) Level 1-Medic, Engine Level 2 -Medic

 Crews to limit exposure to the patient on all runs and wear designated PPE as determined necessary

 Media education and public education by PIO
- Step 2 Review of the run volumes and update emergency response as applicable

 CE Level 1 & 2 assessment only, no transport

 Follow up for patients by Health Department
- Step 3 CE Level 2 runs to be administered by 2 EMTB firefighters in supplemental apparatus-no transport to ER

 CE Level 1 runs remain same as Step 2

 *This step must be decided based on personnel available for staffing levels to utilized firefighters (squads) and Paramedic officers
- Step 4 Development for FAO or Physician video conference to question callers and provide information to self-quarantine with no EMS response. Follow up by Health Department.
- Step 5 Review Civil Unrest

This response plan will be implemented to the city and our personnel similar to the previous H1N1 and Ebola contagious emergency events in past years.



FIRE ALARM OFFICE
BATTALION CHIEF JEFFREY J. GEITTER

**COVID19 Coronavirus
Guidance**

REVISED 03/20/2020 15:00HRS
Effective with the IAP for 03/21/2020

EFFECTIVE COMMUNICATION between FAO dispatchers, EMS personnel and receiving facilities is necessary to ensure appropriate protection of healthcare workers during the care of a patient with possible or known COVID-19 (Coronavirus) infection. Symptoms exhibited by people infected with COVID-19 are very similar to those of influenza and include fever, cough and difficulty breathing. The incubation period is typically 2 to 14 days.

All callers that have an EMS related complaint shall be asked the following 2 questions after the Case Entry questions:

- **Has the patient been exposed to anyone who has tested positive for or is under suspicion for Coronavirus?**
- **Does the patient have a fever, cough or shortness of breath?**

If the answer is yes to either: The Call type will be **Contagious Emergency**
This will dispatch 1 Medic. The addition of the EMS Officer has been removed.

IF it is an **ALS** call type (CP, DB, Stroke, etc.) than **upgrade the alarm level to "1"**, which will add an Engine company to the response.

Do not withhold pre-arrival instructions for patient care.

Finally, **The Call Taker** shall communicate the following to ALL callers that are inside buildings, no matter the call type:

"Can the patient safely get to the entrance of the building? If so, please meet the EMS crew at the door."

The EMS tactical Dispatcher (9 EMS) shall do the following:

1. Confirm all Contagious Emergencies have the appropriate response
 - BLS - 1 Medic,
 - ALS – 1 Medic, 1 Engine

If there is any question, be sure to advise our responders that **PPE is advised**

****THIS NEEDS FOLLOWED UNTIL FURTHER NOTICE***

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name: COVID-19/CFD		2. Operational Period: Date From: 04/10/2020 Date To: 04/14/2020 Time From: 0800 Time To: 0800		
3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs	FC O'CONNOR 614-452-2273	Chief	DC BAUGH	614-937-4964
		Deputy	ON DUTY ES2	
Deputy	AC BLAIR 614-554-9015	Staging Area		
Safety Officer	BC BERNZWEIG 614-774-7446	Branch		
Public Info. Officer	BC MARTIN 614-456-8293	Branch Director	1 UNIT DC SMITH	614-506-3212
Liaison Officer	AC WALTON/DEPUTY SANDERS	Deputy		
4. Agency/Organization Representatives:		Division/Group		
Agency/Organization	Name	Division/Group		
FRANKLIN CITY EOC	B/C MARTIN 614-456-8293	Division/Group		
	B/C WINDON 614-560-9784	Division/Group		
	CAPT LORENTZ 614-955-9320	Division/Group		
CITY EOC	ON DUTY BN1	Branch		
SO-2	614-332-2246	Branch Director	2 UNIT D/C STRAHAN	614-701-9126
SO-4	614-332-9226	Deputy	B/C T. MOORE	614-506-3289
5. Planning Section:		Division/Group		
Chief	AC HAPP 614-264-0846	Division/Group		
Deputy	DC FERGUSON 614-679-1618	Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit	CAPT HART 614-584-8211	Branch		
Demobilization Unit		Branch Director	3 UNIT DC KOSER	614-989-0438
Technical Specialists		Deputy		
Intelligence	EHRGOOD 614-595-1317	Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief	AC BALLARD 614-619-1628	Division/Group		
Deputy	BC SALTSMAN 614-749-8183	Decontamination Branch		
Support Branch		Decon Station	614-493-1585	
Director				
Supply Unit	LT KNODE 614-596-1628			
Facilities Unit	LT THOMAS 614-581-7113	8. Finance/Administration Section:		
Ground Support Unit		Chief	AC BLAIR 614-562-7056	
Service Branch		Deputy	BC CORVI 614-774-9581	
Director		Time Unit	VICKIE ATKINS	
Communications Unit		Procurement Unit	LT. WONN	
Medical Unit	DR LOWE 614-813-9186	Comp/Claims Unit	RACHEL CRAWFORD	
Food Unit	LT PARRISH	Cost Unit	SCOTT MARBURGER	
9. Prepared by: Name: JEFF HAPP Position/Title: PLANNING		Signature: <i>A/C Happ</i>		
ICS 203	IAP Page <u>1</u> _____	Date/Time: 04/10/20 0800		

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DIVISION OF FIRE Kevin O'Connor Fire Chief</p>	COVID-19
	Subject: EMS Operations Plan
	From: Dr. Robert Lowe
	Revised: 4/2/2020 2:20 PM

MANDATORY PPE ON ALL PATIENT CONTACTS

With increase of disease and severity in the community and the amount of infected patients expected to expand:

All Patient contacts require at a minimum, a respirator, eye protection, and gloves. Gowns or Tyvek suits should be added for high risk aerosolizing patients and /or procedures.

For all patients - apply or have patient put on a simple mask (surgical).

Dispatch

See current directive from the Alarm Office

Action:

- Always check your remarks; Verify you have proper PPE; Have a plan; Be prepared - the patient may meet you at the door or outside.

On the Incident

Action:

CRITICAL – All patient contacts require appropriate PPE

- 1) **Important** – All patients - apply or have patient put on a simple mask (surgical). If a surgical mask is not available, have the patient cover their mouth and nose with an article of clothing.
- 2) Limit contact with patient to the medic in-charge (*Unless CFD medic student); *If more members are needed for patient care, all must be in PPE.*
- 3) Other members, not engaged with the patient, should use the 6.5 foot social distancing guideline.
- 4) A Tyvek suit should be used for a patient requiring an advanced airway, nebulization treatments, or any high risk of droplet or aerosol showering of virus.

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DIVISION OF FIRE Kevin O'Connor Fire Chief</p>	COVID-19
	Subject: EMS Operations Plan
	From: Dr. Robert Lowe
	Revised: 4/2/2020 2:20 PM

Procedures:

- Avoid invasive airway procedures, if clinically safe to do so. The I-gel is the preferred procedure for advanced airway.
- Avoid nebulization treatments that would contribute to cough and expelling virus by the patient, if clinically safe to do so. Decontaminate with AeroClave if used.

Calling the Hospital

- Inbound radio report to hospitals ***“Hospital, this is Medic X, please be advised that we are transporting a P-P-E patient.....”***
- If the hospital needs more information, they should provide EMS with a land line.

Transferring patient the Hospital

- EMS agencies *should anticipate holding their suspected COVID19 patients in the medic vehicle until the hospital informs them of the patient destination, unless medically unstable.*
- If a medic has not received bed assignment instructions and is not met in the ER bay by hospital staff, radio call the ER again for clarification.
- **DO NOT** enter the hospital with a suspected COVID patient without instruction.

Prepared by (Medical Unit Leader): Robert Lowe, MD	Signature: <i>Dr. Robert Lowe</i>
Approved by (Safety Officer):	Signature:
ICS 206	IAP Page
Date/Time: 04/03/20 0800	

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DIVISION OF FIRE Kevin O'Connor Fire Chief</p>	COVID-19
	Subject: EMS Response to Nursing Homes, Shelters and other high risk facilities
	From: Dr. Robert Lowe
Revised: 3/24/2020 2:53 PM	

Central Ohio Medical Directors have developed a document that is being shared with nursing homes, adult shelters, extended care facilities and other high risk facilities. The purpose of the document is to have a standard approach for requesting EMS and accessing the patient. In addition, the document communicates EMS's intention to protect the facilities, patients, residents, clients and staff.

A facility's compliance is voluntary, but the participating EMS Medical Directors have communicated the following points.

1. When calling 911, notify the 911 call taker if the patient has a fever, cough, shortness of breath or a sore throat.
2. When requesting 911 EMS response for a resident, please place a surgical mask on the patient if their condition permits.
3. 911 EMS/Fire providers **CANNOT** be delayed in their response for symptom or fever screening.
4. Transport the patient to the ambulance entrance or just outside if possible and weather permitting. If a room is available to stage the patient in isolation near the ambulance entrance that would also be encouraged. If a patient's room is closer to an alternative entrance, consider directing EMS personnel to the alternative entrance if feasible.
5. If the patient cannot be moved to the ambulance entrance, a staff member should brief the crew on patient needs and condition at the door. Staff should isolate the path from the entrance to the patient's room by closing all of the residents' doors and removing any residents from the hallways along the path. Please provide the shortest path to the patient's location when calling 911.
6. We will be limiting the exposure of the EMS providers to the smallest number to adequately care for the patient. The initial evaluation may be conducted by 1-2 medical team members with additional crew standing by outside should they be needed.
7. EMS Providers will be wearing respiratory protection while inside the facility. Please prepare your staff and residents for their appearance. This precaution is for the EMS Provider's protection as well as your residents.
8. Please educate staff and residents. These measures are to ensure safety of the patient, the requesting staff, and EMS without unduly delaying needed emergent care.

A Joint statement from the Medical Directors of: Central Ohio Joint Fire District, Clinton Twp., Columbus Division of Fire, Franklin Twp., Hamilton Twp., Jackson Twp., MEC EMS Agencies, Monroe Twp., Norwich Twp., Pleasant Twp., Prairie Twp., Scioto Twp., Commercial Point., Westerville Fire Division, Whitehall Division of Fire, and Worthington Fire Department

1100 MEDITERRANEAN FIRE/EMS RESPONSE (SIQ) ACTION PLAN

- 1. Residents on 'lockdown' due to community health hazard and positive test for Covid-19.**
- 2. A staff member shall meet the EMS or Fire crew upon arrival for a briefing of the situation.**
- 3. Request patient be moved to closest area to outside as possible and meet EMS crews outside near entrance.**
- 4. If Fire Alarm (1 FF in full EMS PPE to evaluate situation? This limits gear turnout gear exposure? If Fire Conditions crews will have to be in full PPE)**
- 5. If interior evaluation is necessary, 1-2 EMS crew members to enter (preferably 1) while 2nd member stands by and monitors radio.**
- 6. Highest priority to Full PPE. (Glasses, Mask, Respirator, Gown, Gloves) for both members of crew.**
- 7. Immediately place mask on patient, cover patient with blanket if possible as well.**
 - a. Increase PPE Stock on surrounding responding Medics and Engines.**
 - b. Notify Suburban Townships who run in the area (101, 61, 111).**
 - c. [*consider a mobile POD container with supplies placed on site??*]**
 - d. If Fire in structure, Automatic Major Medical Emergency Dispatch with decon/staging area for residents/victims away from incident.**
- 8. Regular Shelter Locations:**
 - 40 W. Long St., 755 Renick St. overflow (50 males maximum)**
 - 595 Van Buren Dr.**
 - 1111 Mediterranean Ave.**

 <p> THE CITY OF COLUMBUS <small>ANDREW J. GINTHER, MAYOR</small> DIVISION OF FIRE <small>Kevin O'Connor Fire Chief</small> </p>	COVID-19
	Subject: Self-Monitoring for Contacts of COVID Patient
	From: Dr. Robert Lowe
	Revised: 3/19/2020 3:28 PM

Procedures:

- 1) If ordered report to Occupational Health for evaluation before/at start of each shift.
- 2) Report to your chain of command if begin feeling unwell, cough, fever, body aches, sore throat, development of Fever (100.4 or greater).
- 3) Follow other instructions as ordered from Health Department
- 4) Practice social distancing within the station. Be spread out.
- 5) When you cough/sneeze: Cover your mouth and nose with a tissue; immediately throw tissues in garbage; wash your hands with soap and water for at least 20 seconds; if that's not available, clean with hand sanitizer that has at least 60% alcohol.
- 6) Avoid sharing household items, including drinking cups, eating utensils, computer key boards. Wash these items thoroughly after using.
- 7) Clean high-touch surfaces daily using a household cleaner or wipe. These include: "counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables,"
- 8) Clean any surfaces that may be contaminated with bodily fluids. When practical a separate bathroom, otherwise wipe down after use.
- 9) Make contingent plans should you be relieved of duty for "Home" isolation.



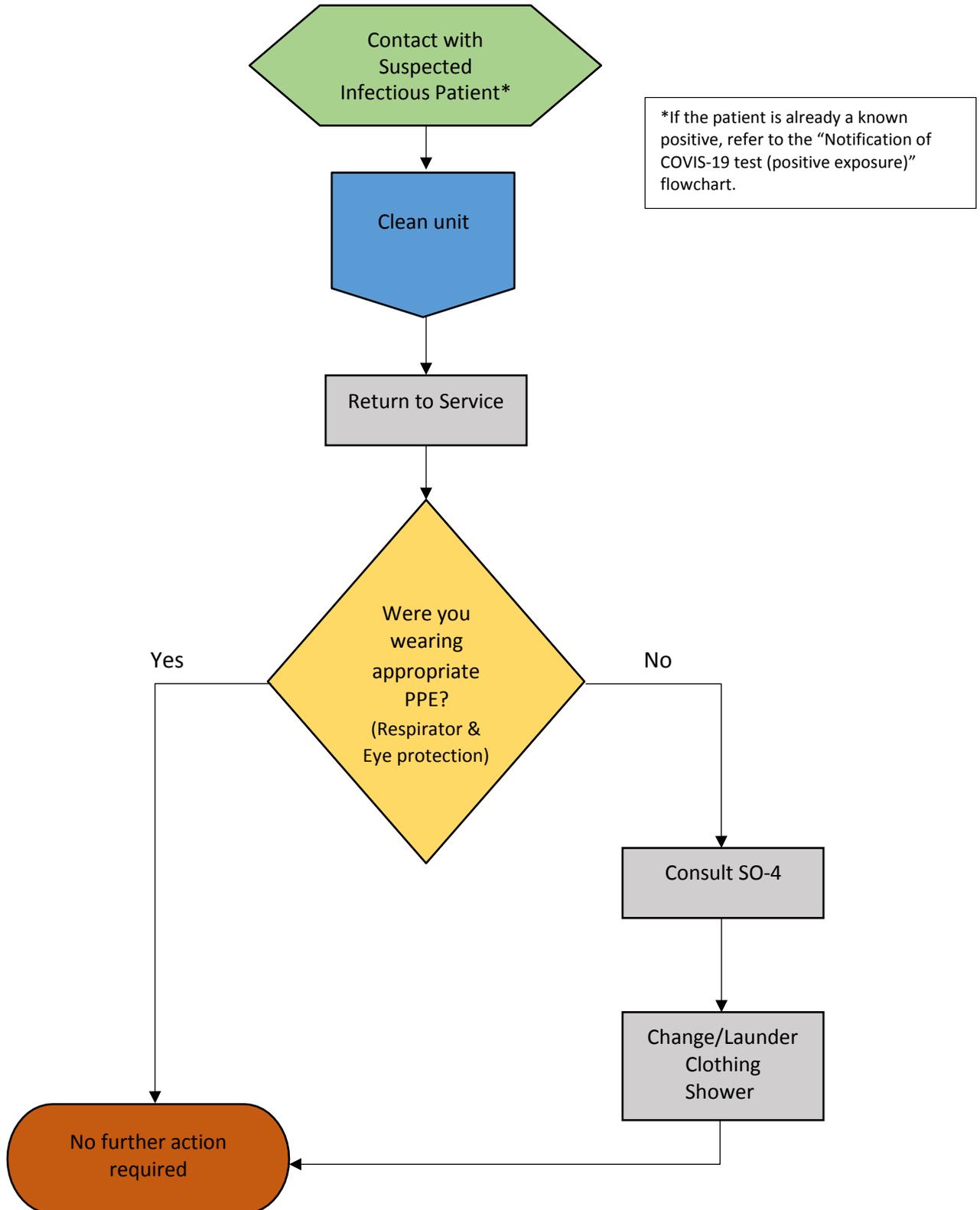
THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR
DIVISION OF FIRE
Kevin O'Connor Fire Chief

COVID-19

Subject: Contact with Suspected Infectious Patient

From: Dr. Robert Lowe

Revised: 3/23/2020 10:40 AM



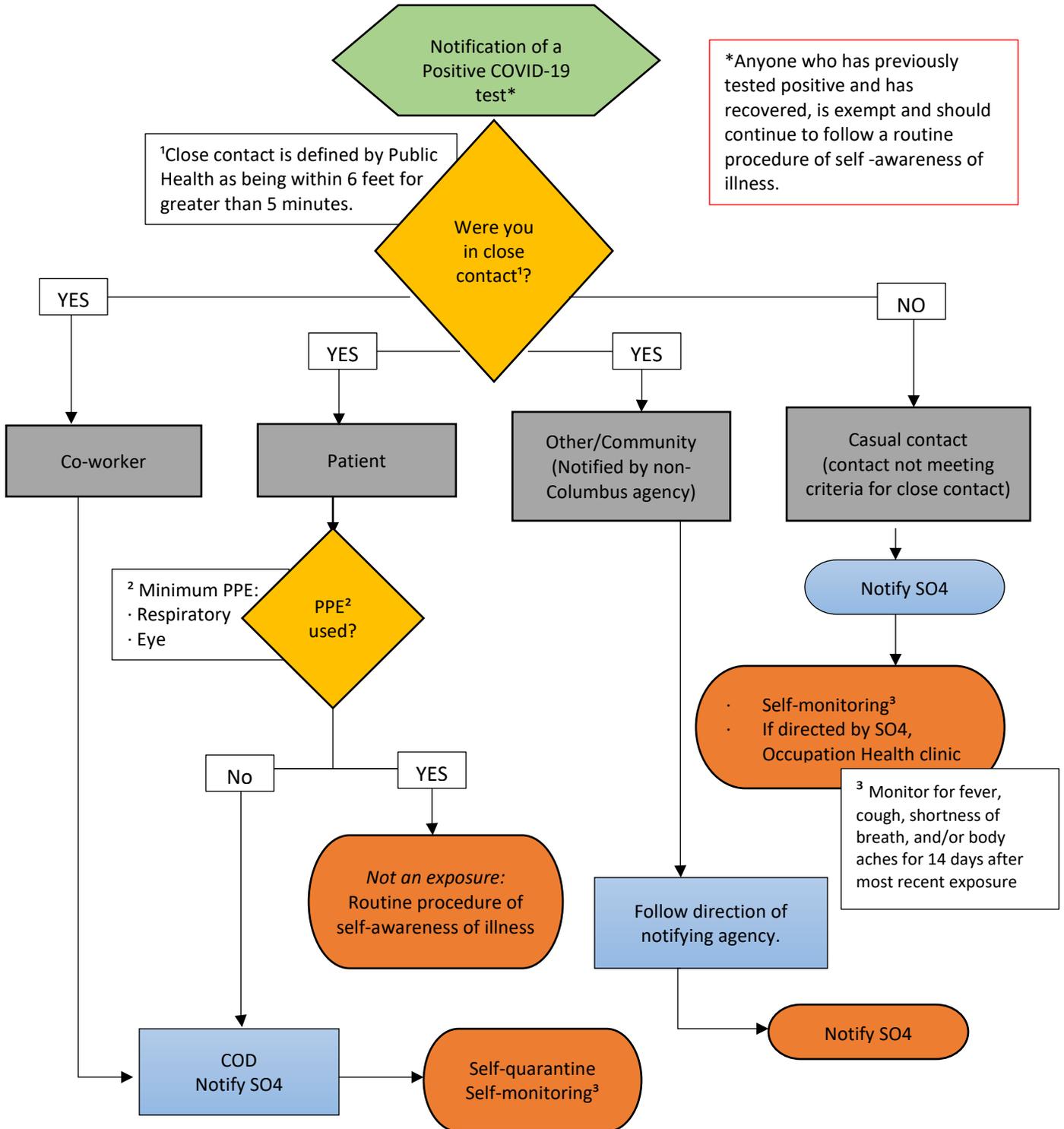


COVID-19

Subject: Notification of Positive Exposure

From: Dr. Robert Lowe

Revised: 4/3/2020 10:19 AM



SO4 can be reached at
(614) 332-9226



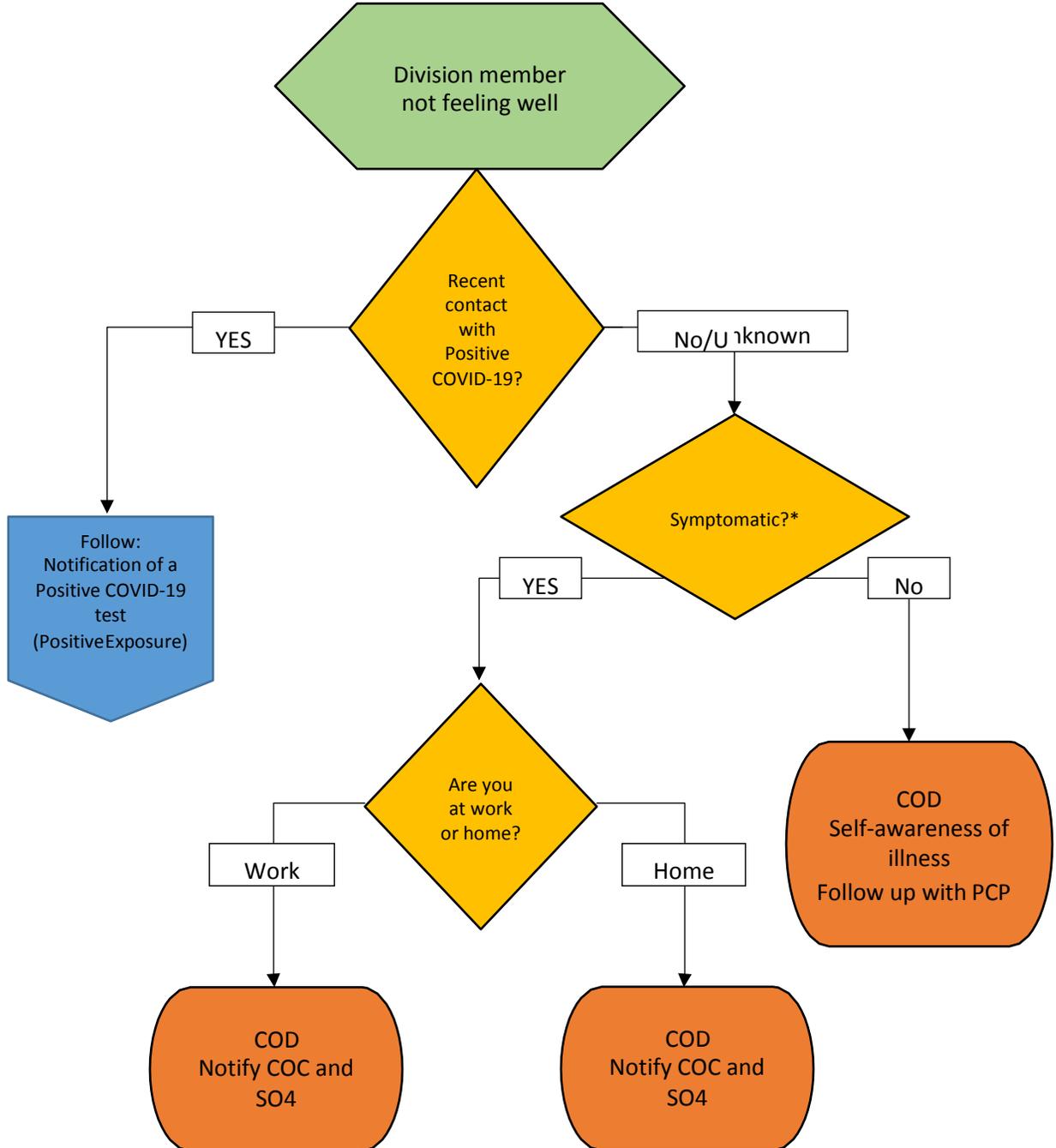
THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR
DIVISION OF FIRE
Kevin O'Connor Fire Chief

COVID-19

Subject: Ill Member

From: Dr. Robert Lowe

Revised: 3/23/2020 10:38 AM



* Symptoms include: fever, cough, shortness of breath, body aches

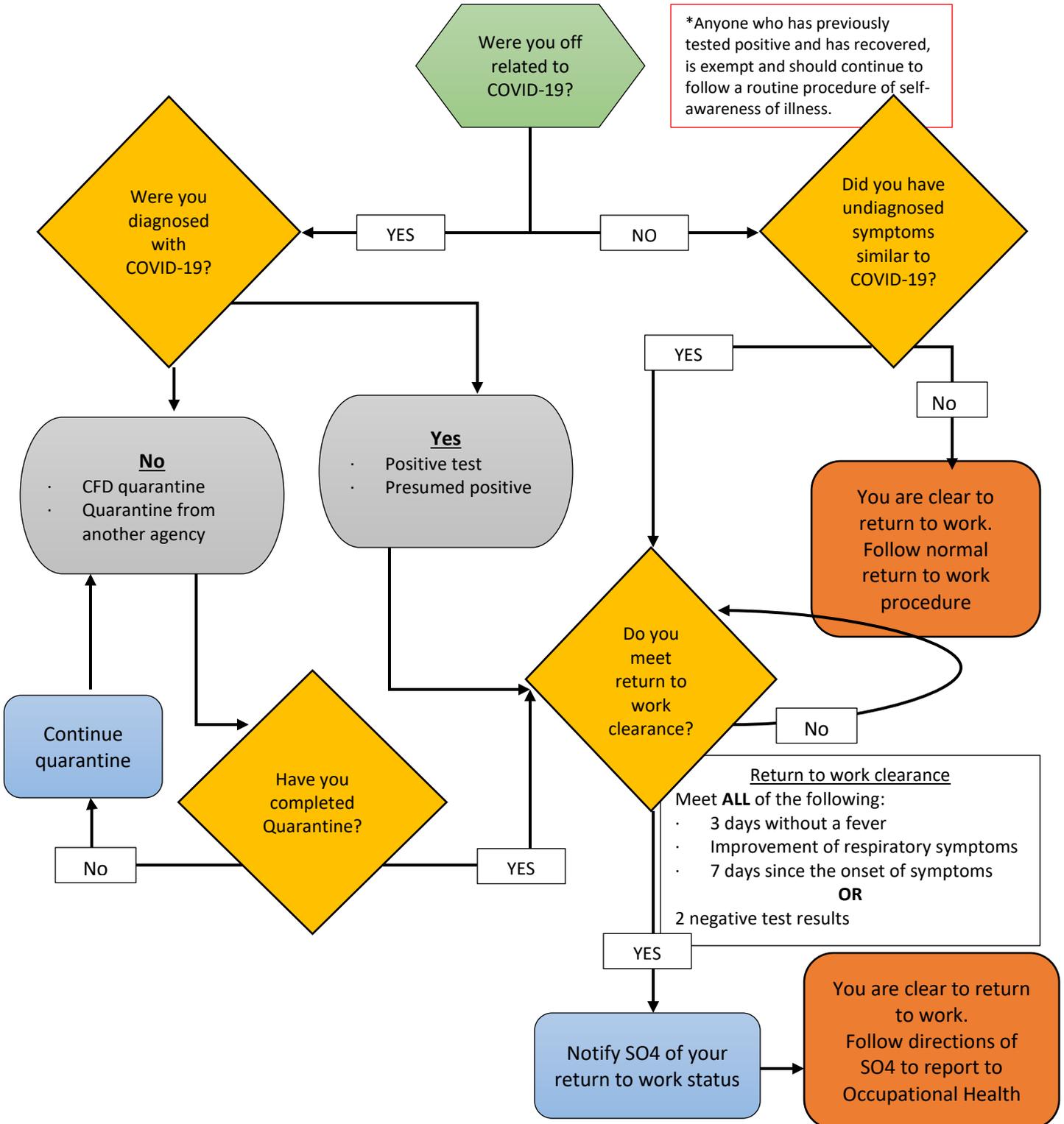


COVID-19

Subject: Return to work

From: Dr. Robert Lowe

Revised: 4/6/2020 1:19 PM



 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR DIVISION OF FIRE Kevin O'Connor Fire Chief</p>	COVID-19
	Subject: COVID-19 Exposure Procedure for Columbus Fire & Police
	From: Columbus Public Health
	Revised: 3/23/2020 10:21 AM

COVID-19 Exposure Procedure for Columbus Fire & Police

Procedure after Identification of a Confirmed COVID-19 Case

1. Close the Fire or Police Station temporarily for thorough, professional cleaning.
2. Identify close contacts to the confirmed COVID-19 case who have been in prolonged close proximity (within 6 feet) with the confirmed case, such as in the same vehicle or enclosed area, after onset of illness.
3. Initiate self-monitoring and self-quarantine of close contacts for fever, cough, shortness of breath or difficulty breathing for 14 days after the most recent exposure.
4. Allow coworkers who are not close contacts with the confirmed case to continue to work.
5. Initiate self-monitoring of coworkers who are not close contacts for fever, cough, shortness of breath or difficulty breathing for 14 days after illness onset of the confirmed case.
6. Implement monitoring of coworkers who are not close contacts by occupational health with temperature check and symptom screening prior to each work shift to ensure they are healthy.
7. Exclude immediately all coworkers who develop fever or symptoms consistent with COVID-19 and refer them to a healthcare provider for evaluation and testing.

Background

Centers for Disease Control & Prevention (CDC) provides guidance for critical infrastructure positions, including emergency first responders, to continue to serve the community after contact with a confirmed COVID-19 case.

The exposed emergency first responders would self-monitor under supervision of occupational health, with temperature taken prior to each shift. As long as they remain afebrile and asymptomatic, they would continue to work. Should they develop fever or respiratory symptoms, they would be immediately excluded from work and referred for medical evaluation and testing for COVID-19. Testing of asymptomatic staff is not recommended.

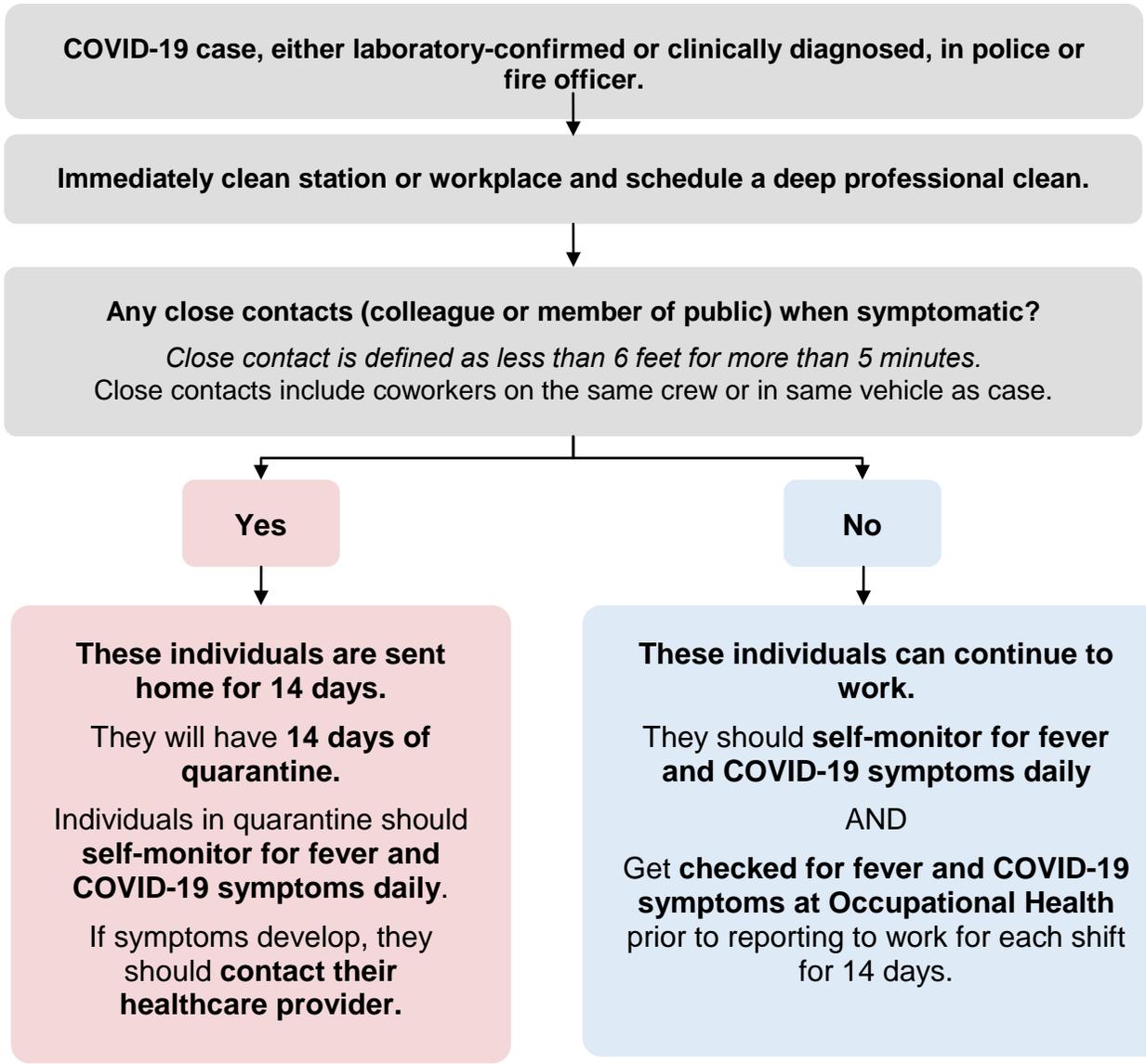
Interim US Guidance for Risk Assessment & Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures Geographic Risk & Contacts of Laboratory-Confirmed Cases

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

Personnel in Critical Infrastructure Positions

Some personnel (e.g., emergency first responders) fill essential (critical) infrastructure roles within communities. Based on the needs of individual jurisdictions, and at the discretion of state or local health authorities, these personnel may be permitted to continue work following potential exposure to SARS-CoV-2 (either travel-associated or close contact to a confirmed case), provided they remain asymptomatic. Personnel who are permitted to work following an exposure should self-monitor under the supervision of their employer's occupational health program including taking their temperature before each work shift to ensure they remain afebrile. On days these individuals are scheduled to work, the employer's occupational health program could consider measuring temperature and assessing symptoms prior to their starting work. Exposed healthcare personnel who are considered part of critical infrastructure should follow existing CDC guidance.

COVID-19 Case in Police or Fire Officer



COVID-19 Symptoms

- Fever $\geq 100.4^{\circ}\text{F}$
- Cough
- Shortness of Breath
- Difficulty Breathing



COVID-19

COVID Testing Procedures

Call 614-645-5911 for pre-screening and to arrange a testing location

- Let them know that you are a Columbus Firefighter

COVID Testing Hours

9a – 5p M-F

10a – 2p Sa/Su

If you meet the testing criteria, you will be directed to report to either the Jameson Crane Swab Center (2835 Fred Taylor Dr.) or the OSU East Hospital testing station.

Notify SO4 immediately if you are denied testing due to not meeting the criteria

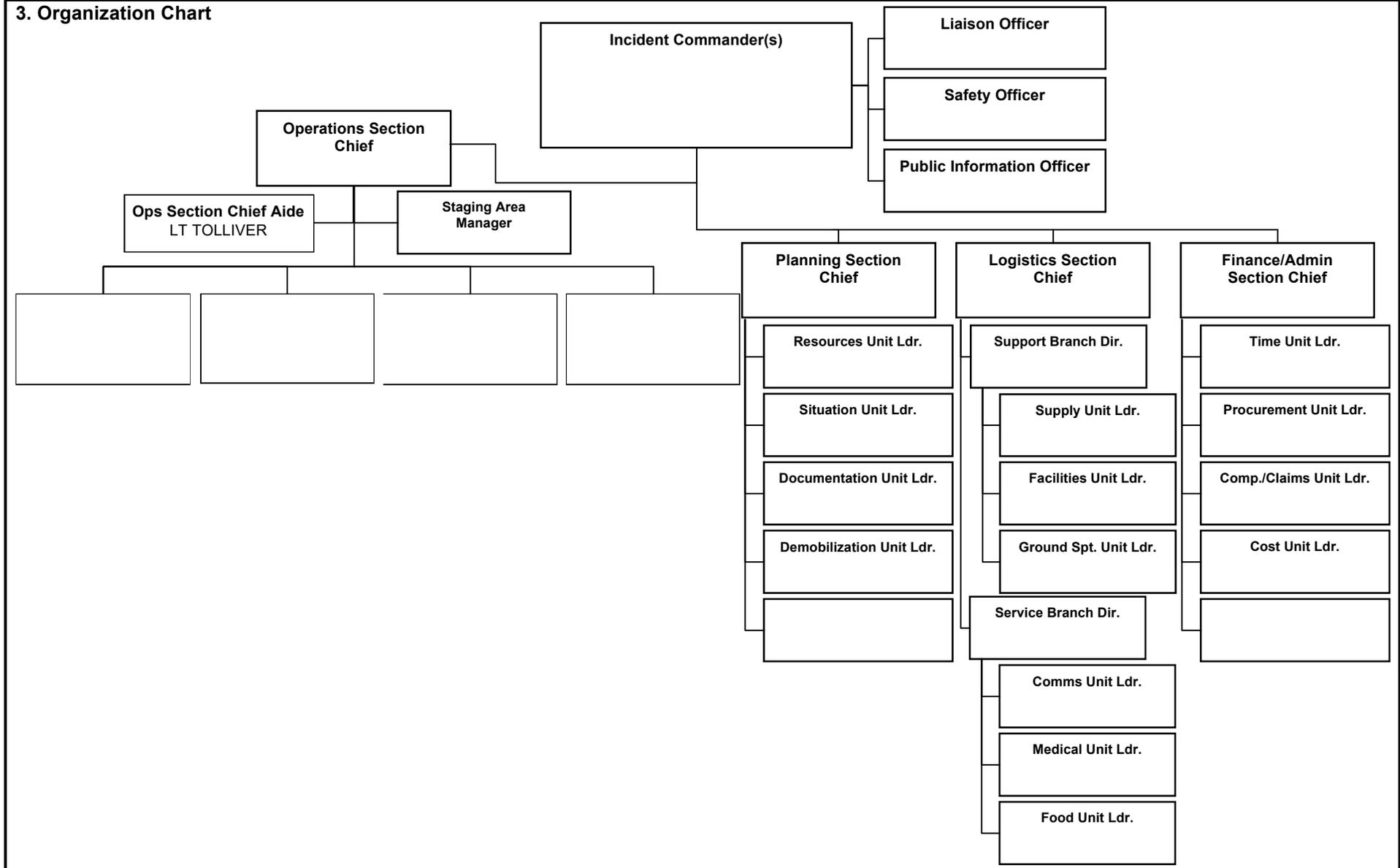
Notify SO-4 (614-332-9226) when you receive your results

The Above Testing Procedure is for Division of Fire Personnel Only

Testing for family members meeting testing guidelines can be arranged directly through OSU by calling (614) 685-2055. Family testing will be billed through your insurance.

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____	
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ICS 207	IAP Page ____	4. Prepared by: Name: _____ Position/Title: _____	Signature: <i>AJC Baugh</i>	Date/Time: _____
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SAFETY MESSAGE

Incident **COVID-19**

Operational Period #24

Date/Time: 4/10-4/14 (0800-0800)

Major Hazards and Risks

- Person-to-person spread
- Cross-contamination from contaminated surfaces

Safety Message

- **Prevention of Transmission**
 - Immediately report any of the following symptoms to your supervisor:
 - Fever, cough, shortness of breath, or body aches
 - No family or guests shall be permitted to visit a fire station; Walk-ins shall be restricted to a designated area away from work areas
 - Follow *Prevention Strategies* and *Facility Decontamination* guidance
- **Protective Equipment**
 - See *COVID-19 PPE Selection, Use & Care* guidance document
- **On-Scene Operations**
 - Prior to engaging within six feet of a patient meeting criteria, personnel shall don appropriate PPE
 - The number of personnel who are in close contact (<6') with a patient meeting criteria shall be limited to the number necessary for patient care.
 - If possible and tolerated, place a surgical mask on the patient and have the patient apply alcohol-based waterless hand cleaner
- **Patient Transport Precautions**
 - The driver/crew area shall be physically sealed from the patient compartment of the transport vehicle
 - Transport vehicle ventilation fans shall be set to exhaust during patient transport
 - Only Division of Fire personnel shall be permitted to ride with the patient to the hospital (no passengers).
- **Post-Incident Decontamination**
 - Follow appropriate doffing procedures to avoid cross-contamination
 - See *COVID-19 PPE Selection, Use & Care* guidance document for appropriate post use cleaning or disposal procedures
 - If a gown or other coverall were not used, personnel should shower and change clothing prior to returning to service.
 - Vehicles should be cleaned in accordance with the *Vehicle Decontamination Decision Tree*

Attachments

- A. COVID-19 Prevention Strategies
- B. COVID-19 PPE Selection, Use & Care
- C. COVID-19 Significant Exposure Flow Chart
- D. COVID-19 Exposure Reporting Requirements
- E. COVID-19 Vehicle Decontamination Decision Tree
- F. COVID-19 Facility Decontamination Guidance

Prepared by: David Bernzweig (SO1)

Position/Title: Safety Officer/ Batt. Chief

Last Updated: 3/30/20

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR</p> <hr/> <p>DIVISION OF FIRE Kevin O'Connor, Fire Chief</p>	COVID-19
	Prevention Strategies
	Revised: 3/30/2020

General

- No outside visitors to the Stations/Offices
- No “Goodwill” donations, (outside food/drink from the public)
- Perform and document daily temperature checks
- Personnel who are symptomatic or positive for COVID-19, or are a *Close Contact* with a COVID-19 positive person, should not report to work.

Social Distancing

- Reduce close contacts to 6’ from others without PPE
- Stay clear of those coughing or sneezing
- Handwashing following contact with other people, high contact surfaces, and prior to eating
- Avoid crowds - minimize your trips to supermarkets and stores.
- Act as if you are contaminated and do everything you can to avoid contaminating others

Personal Hygiene

- Wash your hands often or use alcohol based hand sanitizer with at least 60% alcohol as soon as possible after touching a potentially contaminated surface, item, or person
- Don’t touch your face
- Treat anything that you encounter as potentially contaminated
- Shower and change exposed uniforms following an encounter with a symptomatic person.
- Potentially contaminated uniforms should be washed in hot water (maximum 140°F)
 - Including items like baseball caps and jackets.
- Shower and change out of your uniform before going home, and wash your hands as soon as you get home.

House Keeping

- Focus additional attention to wiping down hard surfaces and high contact areas (door knobs, handles, countertops, phones, keyboards/mice, etc.) with an appropriate anti-microbial solution or wipes.
 - Toughbooks should be cleaned using a non-bleach disinfectant wipe or cleaner.
- Follow *Facility Decontamination* guidance (ICS 208 Attachment F)

Stay Healthy

- Hydrate
- Get plenty of rest
- Exercise
- Wipe workout/exercise areas between uses and maintain appropriate social distancing.

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR</p> <hr/> <p>DIVISION OF FIRE Kevin O'Connor, Fire Chief</p>	COVID-19
	PPE Selection, Use and Care
	Revised: 4/7/2020

Minimum PPE Requirements whenever in public:

- Surgical mask or greater protection

Minimum PPE Requirements when interacting with a patient with COVID19 symptoms:

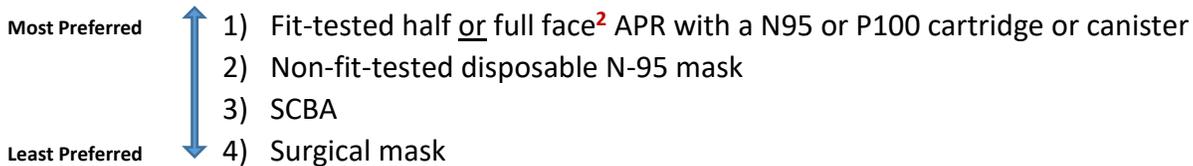
- Division issued and fit-tested respirator with N-95 or P-100 cartridge
- Appropriate eye protection
- Gloves
- Fluid resistant gown or Tyvek¹

Turnout gear should not be worn during contagious emergency responses

Proper doffing procedures should be followed to avoid cross contamination

Respirator Selection Guidance for patient interaction

If a division issued and fit-tested respirator is not available, the following respiratory protection should be used.

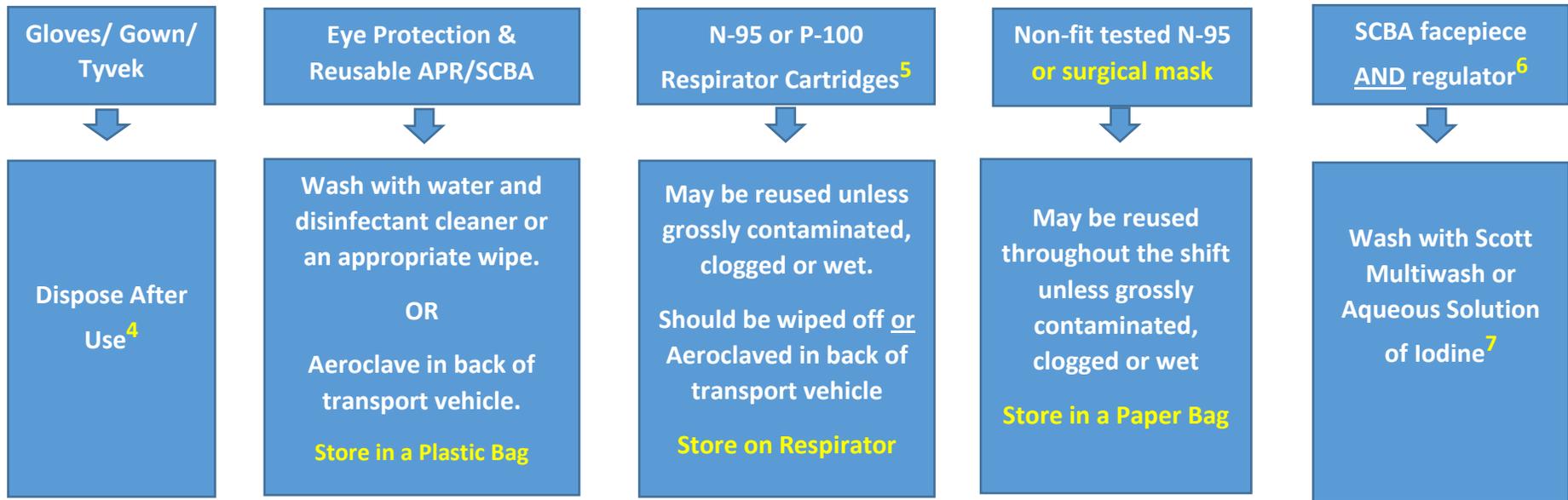


If any components of PPE are not used, see the COVID-19 Significant Exposure Flow Chart for guidance.

Notes

- 1) If a disposable gown or coverall is not available, the hi-visibility EMS outer coat can be the worn, personnel shall shower and change uniform
- 2) SCBA facepiece with twin cartridge (dogbone) or 40mm adapter

Cleaning, Care, & Disposal Criteria³



Notes

- 3) Personnel should wear gloves while handling contaminated PPE
- 4) Disposable PPE should be treated as bio-hazardous waste.
- 5) Filter media may be reused if not contaminated. Due to expected demand and supply chain limitations every effort should be made to limit disposal of APR cartridges unless absolutely necessary. *According to the CDC, expired N-95 or P-100 cartridges may be used for viral protection. The expiration date does not affect filter performance for this use and does not apply.*
- 6) SCBA Regulator should be cleaned every morning prior to daily check
- 7) Can be obtained by calling Mask Repair (7-5453)

Replacement APR filters can be obtained by contacting SO-2 @ 74267 or SO-4 @ 614.332.9226.

DO NOT CONTACT SUPPLY OR MASK REPAIR FOR FILTERS

Field Substitutions for PPE Depletion

In the event that the recommended PPE is not available, the following field substitutions may be used:

1) Isolation Gowns

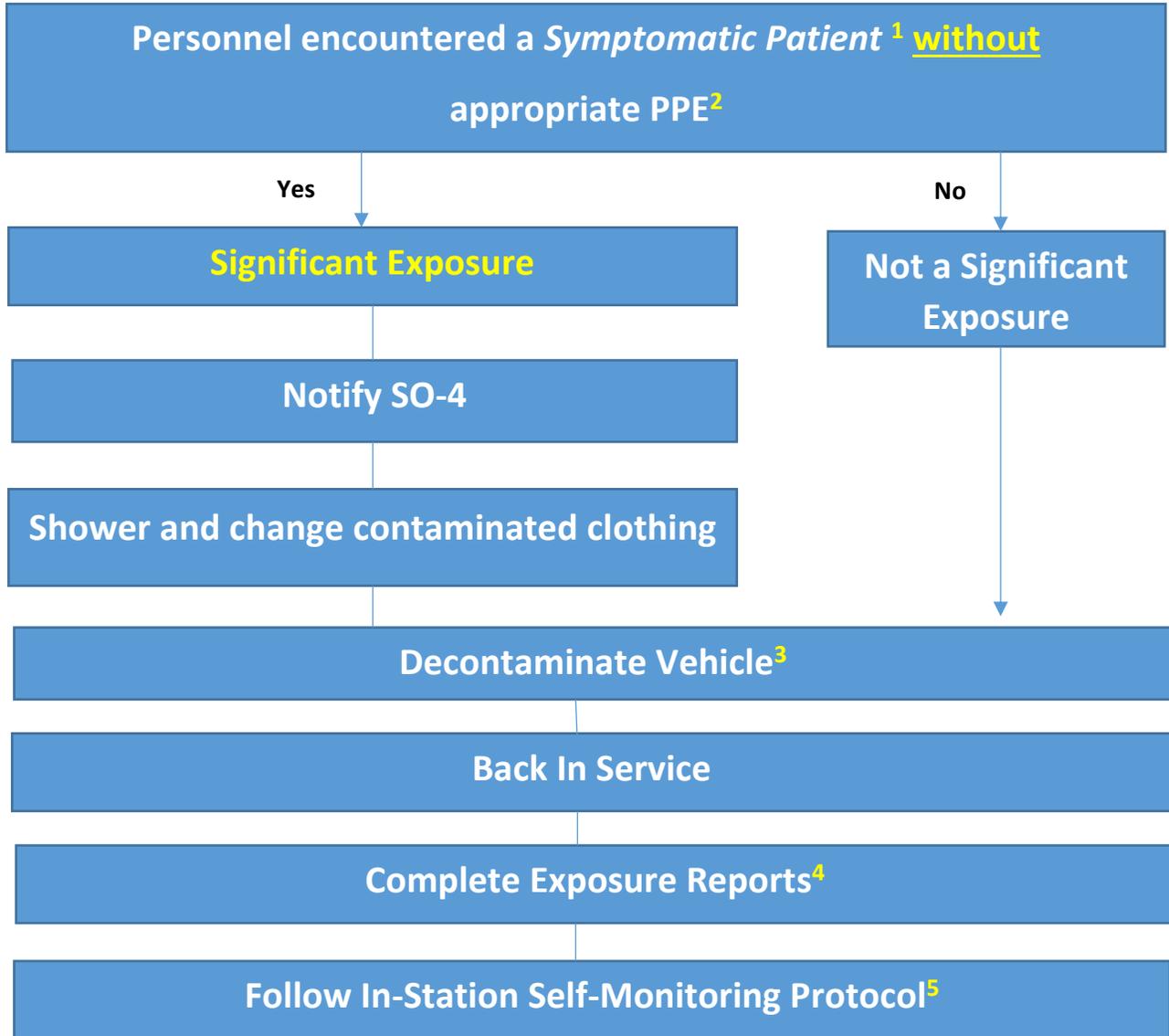
- a) Disposable rain poncho with add on sleeves (moderate to high risk for aerosol producing patients/procedures)
- b) High Vis Jacket
 - i) High vis jackets are certified to NFPA 1999 against blood and liquid borne pathogens
 - ii) Following use the garment should be wiped down or laundered
- c) Layering of Uniforms
 - i) Other Jackets/uniforms
 - ii) Long sleeve shirt
- d) Tyvek Suit
 - i) Tyvek suits should be reserved for situations with no gown and high risk aerosol producing procedures (nebulizer, intubation)

2) Eye Protection

- a) Eye protection should be cleaned and re-used until functional integrity is lost.
- b) SCBA facepiece with APR attachment or supplied air.

3) Out of Patient Masks

- a) Article of Clothing
 - i) Patient's own shirt, towel, headress, etc.
- b) Triangular bandage/Bandana



Notes:

- 1) A symptomatic patient has a fever, cough, and/or respiratory distress
- 2) Appropriate PPE Includes at least ½ face respirator w/ N95 or P100 cartridge, eye protection, and gloves
- 3) See COVID-19 Vehicle decontamination Reporting Requirements document
- 4) See COVID-19 Exposure Reporting Requirements document
- 5) See COVID-19 Medical Plan (ICS 206)

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR</p> <hr/> <p>DIVISION OF FIRE Kevin O'Connor, Fire Chief</p>	COVID-19
	Subject Exposure Reporting Requirements
	Revised: 3/19/2020 2:25 PM

The following exposure reporting shall be completed following any incident where you interacted within six feet of a COVID-19 symptomatic person.

1. Firehouse Incident Exposure Report

- Part of the NFIRS Incident Report
- Check the “Infectious Disease” box and indicate “COVID 19” in the remarks area

2. NFORS Exposure module

- *Your personal exposure record*
- Access via the NFORS Exposure App or online at <http://app.nfors.org>
 - Select your incident
 - Add new exposure
 - Type of exposure = EMS > Biological
- Step-by-step instructions are located in the COVID-19 Resources folder in the Common Share.

3. CFD EMS Exposure Report

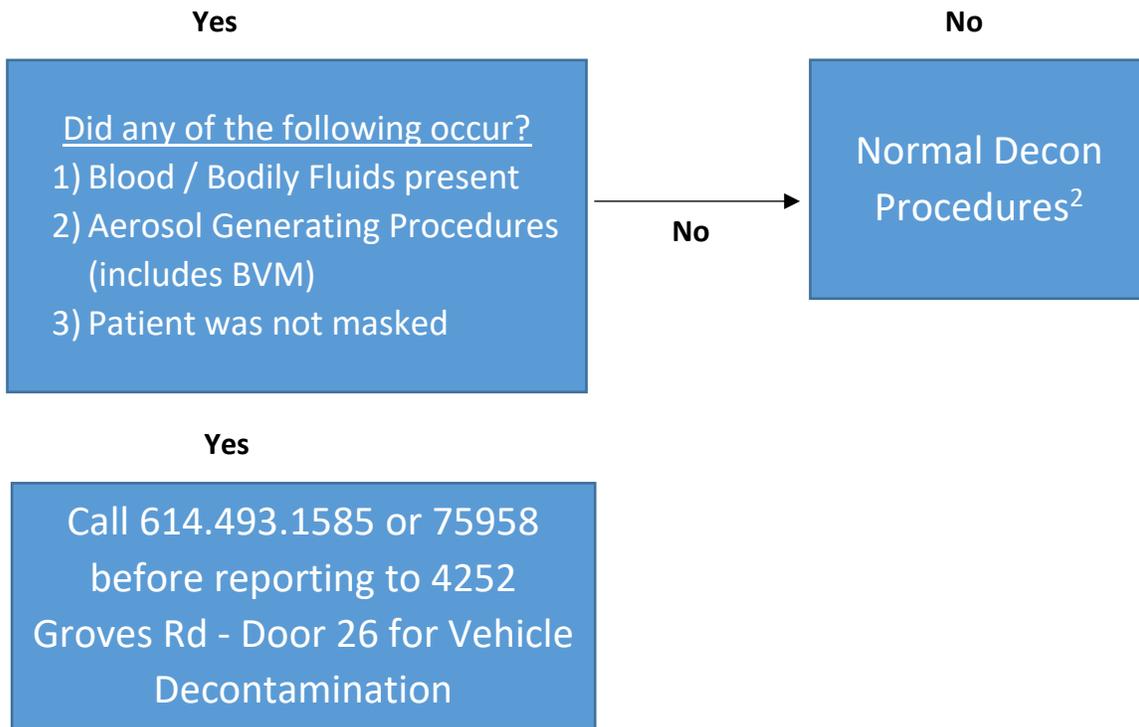
- Located in the division Forms Manual in the Exposure Reporting folder.

Questions concerning exposure reporting related to COVID-19 should be directed to the Infectious Disease Coordinator (SO4) at 75427 or (614) 332-9226

An A1 is not to be completed for a possible exposure, but must be completed if you test positive for COVID-19 following a significant on-duty exposure.

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR</p> <hr/> <p>DIVISION OF FIRE Kevin O'Connor, Fire Chief</p>	COVID-19
	Vehicle Decontamination Decision Tree
	Revised: 4/5/2020 11:12 AM

**Medic transported a COVID-19
*Symptomatic Patient*¹**



We are discouraging Aeroclave cleaning of vehicles that do not meet the defined criteria during this high demand period with limited supplies on hand. However, if a crew feels strongly that Aeroclave cleaning should be conducted based on other factors, they may arrange to take the vehicle to Groves Rd. for Aeroclaving.

Notes

- 1) A *Symptomatic Patient* is a patient that the receiving facility determines to be a COVID -19 test candidate
- 2) Normal decontamination procedures should include wiping down of hard surfaces and high contact areas (door handles, etc.) with an appropriate anti-microbial solution or wipe.

 <p>THE CITY OF COLUMBUS ANDREW J. GINTHER, MAYOR</p> <hr/> <p>DIVISION OF FIRE Kevin O'Connor, Fire Chief</p>	COVID 19
	Subject: Facility Decontamination Guidance
	Revised: 3/16/2020

In addition normal house cleaning procedures, personnel should focus additional attention to wiping down hard surfaces and high contact areas (door knobs, handles, countertops, etc.) with an appropriate anti-microbial solution or wipes.

Contact SO4 for guidance if an exposed or symptomatic employee may have contaminated areas of a fire department facility. Requests should be made by calling SO4 at 5427 or (614) 332-9226.

Aeroclave cleaning of facilities or vehicles not meeting the defined criteria are not able to be conducted during this high demand period with limited supplies on hand. Please conserve all cleaning and disinfecting supplies to the extent reasonable.

COVID-19 House Cleaning Schedule

0630 Hours – Off going personnel shall disinfect all high contact areas

0830 Hours – Personnel shall perform house cleaning, including high contact areas

1730 Hours - Personnel shall disinfect all high contact areas

Personnel Shall Wear Gloves While Performing House Cleaning Activities



MEDIC DECONTAMINATION MAP



**EMS, Station Supplies
and FMLO entrance
Door #118**

**Clean Holding
Area Rm105**

**Off
Limits**

Parking for Decon

**Decon FF
Quarters**

**Decon
Showers**

**Medic
Decon
Entrance
Door #26**

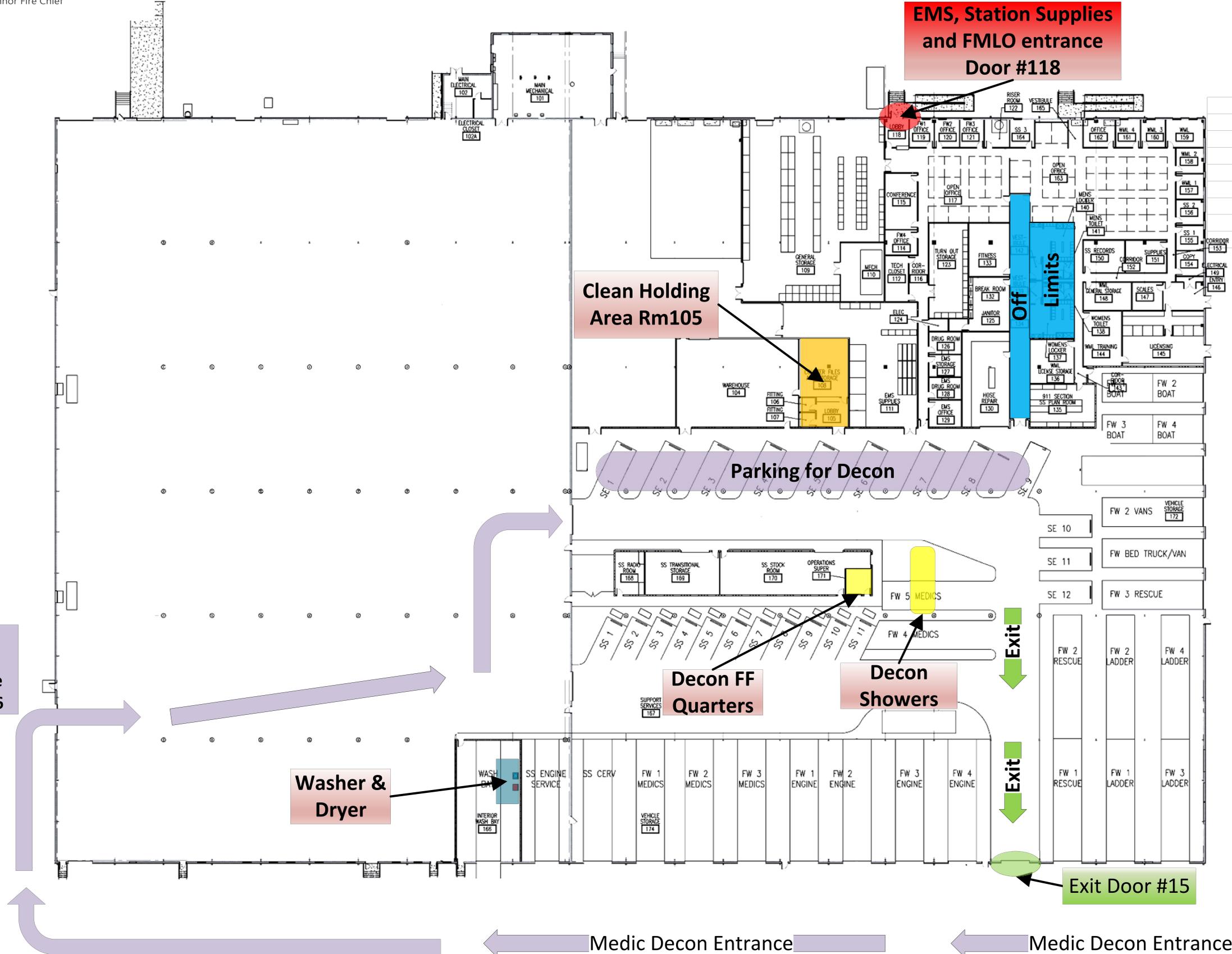
**Washer &
Dryer**

Exit Door #15

Medic Decon Entrance

Medic Decon Entrance

4252 GROVES RD





VEHICLE/FIREFIGHTER DECONTAMINATION PROCEDURE

If it is determined that your vehicle requires decontamination with the AeroClave system, you will report to Groves warehouse, 4252 Groves Rd.

1. Contact 24hr decon person by calling (614)493-1585 or x75958.
2. Enter through overhead door #26 located on the North side of warehouse.
 - a. Use division Id on Matrix or use call box at man door to gain access to building.
3. Follow the arrows to the special duty overhead door (this door will automatically open as you approach it).
4. Proceed forward to the parking area located in the special event parking area.
5. Decon personnel will provide directions for vehicle decontamination process.

PERSONAL DECONTAMINATION PROCEDURE

If it is determined that personnel require personal decon, 24hr decon FF will show you to the shower and restroom trailer. DO NOT ENTER DOOR 134, OR THE BUILDING OFFICE AREAS.

1. Towels, washcloths will be handed to you by the decon FF.
2. Trash bags will be provided for dirty uniforms. Properly secure uniform in bag, to be washed at the firehouse upon return to quarters, with hot soap and water.
 - a. For personnel not having an extra uniform, Tyvek suits are available.
 - b. Anyone who desires immediate laundry service for uniforms, may wait while the uniform is laundered on site, utilizing the washer and dryer located in the wash bay (see map).
 - c. Any uniform contaminated with blood, will be bagged in a heavy duty green trash bag, properly labeled with:
 1. Personal information
 2. What type of contamination i.e. blood
 3. And it will be sent to the Laundry facility at the Complex for proper cleaning.
3. After shower, dirty towels shall be placed in the laundry hamper by the trailer.
4. After showering personnel can report to room 105 until vehicle decontamination is complete and you have been officially released.
 - a. Do not enter the office areas. This is not an occasion to pick up station or EMS supplies. If you have division business, access door 118 from the outside.
5. When released proceed through door #15 on the West side of bay.

APPENDIX A

During the Covid-19 Pandemic Response we ask that companies or individuals do not travel to another station to complete the skill portion of their RQI assignment. The RQI cart will continue to be rotated on the published schedule which can be found in the plastic bin on the RQI cart and on Target Solutions in the RQI folder. This schedule allows ample time at each station for completion of the skills portion of the assignment. The e-Sim which will accompany the quarterly assignments should be done from the distance learning computers at your work location and can be completed before or after the skills portion.

Please continue to wipe down the RQI manikins as has been recommended both before and after use. This will help minimize contamination and ensure these units remain in good working order. On the scheduled moving day for RQI carts, EMS Training will contact the station prior to arrival and ask that the cart be cleaned once more and moved to the bay for pick up. Once it arrives at its new destination it should be wiped down by that company before use.

Appendix 1

Abbreviations

A1-Accident Report	JATC-Joint Apprenticeship and Training Committee
ALS-Advanced Life Support	JIC-Joint Information Center
BC-Battalion Chief	MCOH-Mount Carmel Occupational Health
BLS-Basic Life Support	NFIRS-National Fire Incident Reporting System
CAD-Computer Aided Dispatching	NFORS-National Fire Operations Reporting System
CDC-Center for Disease Control	PA-Public Address
CE-Contagious Emergency	PIO-Public Information Officer
CE-Continuing Education	PPE-Personal Protective Equipment
CFD-Columbus Fire Department	PUI-Person Under Investigation
COC- Chain of Command	SITSTAT-Situation Status
COD-Certified Off Duty	SO-Safety Officer (SO-2,SO-4)
DOT-Department of Technology	TA-Training Academy
ED-Emergency Department	
EMS- Emergency Medical Services EMSO- Emergency Medical Service Officer EMTB- Emergency Medical Technician Basic EOC- Emergency Operations Center	
ER-Emergency Room	
ES-Emergency Services	
FA-Fire Alarm	
FAO-Fire Alarm Office	
FPB-Fire Prevention Bureau	
HCP-Health Care Provider	
IAP-Incident Action Plan	
ICS-Incident Command System	