# INTERIM DIRECTIVE GUIDANCE

Lexipol recognizes the tremendous strain placed on first responders due to COVID-19, and we want to help. We realize the current situation necessitates many operational changes. A change in operation should generally be addressed through a change in policy. But the breadth of changes needed cannot be accomplished under the demands many agencies are currently facing. Many agencies have protocols in place that allow for temporary modifications to policies, which are often called interim directives, temporary orders, or policy addendums.

To relieve some of the burden placed on first responders, we have reviewed our policies and identified areas that may require an interim directive to address operational changes you may have taken or are considering. While this list is not exhaustive, we believe it will provide a starting point for your internal review and ultimately result in a more efficient use of your time.

You should review the following information carefully and adjust it to fit the needs of your agency. You do not need to be a Lexipol subscriber to benefit from this information. During this difficult time, Lexipol is making this information available to all first responders at no cost. Our content writers devoted hundreds of hours to this review. We must all pull together to protect first responders. In that spirit, we hope you find the following information useful.

If you don’t have an interim directive format, we have provided a template and sample of an interim directive that you may adapt for your use.

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# COVID-19 Interim/Departmental Directive Framework

[Date]

To: [all members, firefighters, telecommunicators]

From: [name of authorizing member]

[interim directive number]

Effective immediately, due to COVID-19-related operational changes, the [insert policy number and name] shall be modified as follows:

* [insert new policy language or explain operational change by providing as much detail as needed if no policy currently exists]
* [list each change within the same policy by providing as much detail as needed]

This [interim directive] is in effect until further notice.

[Respectfully],

Agency Head

March 31, 2020

To: All Department members

From: Chief Smith

2020-01

Effective immediately, due to COVID-19-related operational changes, the [insert policy number and name] shall be modified as follows:

* [explain policy change by providing as much detail as needed]
* [explain policy change by providing as much detail as needed]

This interim directive is in effect until further notice.

Respectfully,

J. Smith, Fire Chief

# IMPLEMENTATION

***The following information is provided to assist you as you create and implement interim directives using the framework provided and should be deleted before the interim directive is issued to agency personnel.***

***When considering interim directives that address the topics addressed here, with particular focus on illness and injuries related to COVID-19, including member response, assessments, quarantine, reporting, and related staffing concerns, departments should refer to the most recent topic information provided by various online resources. These include the coronavirus/COVID-19 pages provided by:***

* ***EMS1***
* ***Federal Emergency Management Agency (FEMA) advice for First Responders on Maintaining Operational Capabilities During a Pandemic***
* ***FireRescue1***
* ***International Association of Fire Chiefs***
* ***International Association of Firefighters***

# ADMINISTRATION

Chiefs should consider the possibility of negative effects of the COVD-19 pandemic on daily fire department administration. Many regular tasks may need to be altered to meet social distancing and hygiene maintenance recommendations. Chiefs may also need to review staffing considerations and personnel health and wellness in preparing for COVID-19 impacts. Chiefs should also consult with Human Resources regarding updated sick leave policies and whether they apply to your employees. Consider whether the sick leave policies prohibit any discrimination (e.g., reduction in seniority, status, employment benefits, pay) during this public health emergency.

## COVID-19-Related Recordkeeping

Consider creating a spreadsheet of all COVID-19-driven additional forms and records the department will have to maintain, together with assignments and responsibilities for completion, tracking, distribution, and storage. This responsibility would normally fall on the department records manager but, with the increased workload, consider dividing responsibility among division chiefs, with each completing his/her own necessary documentation and reporting to the records manager.

## Critical Incident Stress Management (CISM)

Personnel may experience substantial stress from responding to COVID-19-related calls, being exposed to those who have contracted COVID-19, or themselves being diagnosed with COVID-19. Consider:

* Re-communication of the department CISM program to all members.
* Refresher training on recognizing and reporting signs and symptoms of mental stress.
* Ensuring that members know where and how to access mental health services by phone or video conference.
* Suspending in-person group debriefings and developing virtual debriefing programs.

## Expanded Fire Department Authority and Powers Under Emergency Declarations

Your state most likely has laws and/or regulations that grant fire departments operating authority to form, exist, and engage in certain life safety-related activities. These laws and regulations may also grant to firefighters authority and powers related to their work. For example, in some states, firefighters are granted police powers while responding to calls for service and engaging in firefighting activities. Consider that national, state, and local emergency declarations may expand those powers, creating operational implications under an expanded fire service role and authority within and outside the agency jurisdiction. While expanded authority and powers may be granted, agency administrators should consider first whether they want their members exercising expanded authority or powers. If so, clear direction should be communicated to members.

## Fire Inspections, Permits, and Code Enforcement

The front desk at any fire prevention or building department office is usually a very busy and cramped place. Most visits from the public are related to the permit process. Plans and paperwork are constantly moving across the desk, and people work in close proximity reviewing those plans and documents. If your fire prevention bureau or building department is not yet closed, consider closing it and shifting your permitting operations to an online format. Consider providing online applications and payment options.

Suspending in-person permitting activity should be considered as part of a larger initiative to suspend public access to fire department buildings and offices. Consider limiting fire and permit-related inspections to the following:

* Consider suspending all permit review meetings, including alternative material requests, and using other methods, including online meetings
* Consider suspending building permit inspections when construction activity is prohibited by a stay-at-home or business shutdown order. If permit inspections must take place, use social distancing practices.
* Inspections based on reports and/or evidence that an occupancy has conditions, including overcrowding, that are an immediate or significant risk to life and safety. HAZMAT inspections where there is an immediate threat to health and safety or such conditions are reported, if a HAZMAT inspection must take place, maintain social distancing practices.

If your department inspection program has engine or truck companies going out on routine occupancy inspections, consider suspending that practice.

Consider delivering summons and code violations by a means other than person-to-person. Consider developing an online format for self-completed inspection checklists for building owners and occupants.

## Fire Investigations

Fire investigations will have to continue. Departments can, however, take steps to minimize direct contact. When there is no need to gather or collect evidence, consider having investigators conduct interviews via phone or, preferably, teleconference or videoconference.

## Grievance Procedure

If permitted, consider holding interviews and hearings by tele-conference or videoconference.

## Media Relations/Public Information

Coordination with your local OEM and government body should already be established. Consider scheduling a regular (at least once daily) mutual internal briefing between government and all agencies with emergency response authority. If you currently have poor relationships between agencies, now is a critical time to work to improve those relationships by coming together to confront common issues created by the COVID-19 pandemic. Regarding public information, consider coordinating with local government to establish a briefing schedule to keep the news media and community informed about agency activities, responses, operational changes, and general safety information. Consider disseminating necessary public information through local government, as well as fire department public information mechanisms.

## Personnel Complaints

Consider eliminating the practice of allowing the public to lodge in-person complaints and of members accepting in-person complaints to keep with social-distancing protocols.

## Position Descriptions

Consider updating descriptions of each position to include the possibility for emergency transfer to other operations-related jobs.

## Promotions and Transfers

Consider updating or developing to include emergency transfers from staff positions to field positions in order to increase line staffing.

## Public Relations

Consider suspending community-based programs such as ride-along, community volunteer, and station visit/tour programs. In the short-term, consider substituting a more robust online presence through community message boards, department websites, and department-sponsored social media sites.

## Release of Records

Where authorized by law, consider suspending in-person open records requests. If authorized, consider limiting requests to online or delay the acceptance of requests altogether. Consider suspending the delivery of physical documents in response to requests and restrict to electronic or regular mail response, when practicable.

## Schedule Change

As more department members are affected, a change in schedule for operations personnel may be needed to ensure adequate staffing. If your department currently operates on a three- or four-platoon system, consider developing a two-platoon system to account for a reduction in available manpower. This may mean going to some variation of a 12 on/12 off, 24 on/24 off, or 36 on/36 off system.

## Solicitation of Funds

Consider social distancing and alternative methods of funds solicitation. Consider suspending all fund solicitations requiring direct contact with individuals.

# ILLNESS AND INJURY

and

# LINE-OF-DUTY DEATHS

## Illness and Injury Prevention Program (IIPP)

Generally, the department Health and Safety Officer (HSO)/Exposure Control Officer (ECO) has significant responsibility for development of the IIPP. Consider reviewing portions of the IIPP that may be affected by changes in response required due to COVID-19 and providing refresher training where needed. These may include but are not limited to:

* Workplace safety and health training programs.
* Safety inspections.
* Reviewing the safety and health communications system to ensure that all matters related to COVID-19 are being clearly communicated and understood by all members.
* Reviewing how and where COVID-19 safety information is posted or distributed and how receipt and understanding of that information by members is confirmed.
* Reviewing the system used by the department for members to anonymously inform management about workplace hazards.
* Reviewing forms related to COVID-19 and how forms are made available to members.
* Meeting with any established safety and health committee to review the IIPP and how COVID-19 issues affect the program elements.

For meetings and discussions relating to health and safety matters, consider including the HSO/ECO, medical director, and labor/management committee (if applicable).

## Line-of-Duty Deaths and Serious Injury Notification

In the event of a line-of-duty death or serious injury, members notifying next of kin should consider appropriate PPE and distancing recommendations. Hospitals willlikely have visitor limitations in place. Even so, consider placing limits on the number of personnel who go to the hospital following a serious injury and reminding personnel to observe hospital rules.

## Occupational/Work-Related Disease/Illness and Injury Reporting

Consider reviewing all injury-reporting requirements to determine if any additional reports are required due to COVID-19. Also, consider maintaining an adequate supply of Exposure Incidence Reports, Exposure Checklists, and Self-monitoring forms and emphasizing to all members the importance of:

* Completing and filing Exposure Incidence Reports immediately after a suspected or actual exposure.
* Completing and filing a Healthcare Personnel Exposure Checklist.
* Maintaining a self-monitoring log.

Different states and their agencies maintain and require different forms. Consider assigning a member to determine that all required forms are on file and available to members.

Consider implementing the National Fire Operations Reporting System (NFORS) guidelines for logging exposures of personnel.

Consider emphasizing to members the importance of completing forms to qualify for any benefits available through state workers compensation or other sources, such as the Public Officers’ Benefits Program administered by the U.S. Department of Justice. While coverage for COVID-19 may not yet be established in your state, being able to prove that the virus was contracted while engaged in fire department-related activities will be necessary should COVID-19 qualify as an injury.

## OSHA Notifications of Illness, Injury, or Death

Consider assigningthe department HSO/ECO, Records Manager, or other member to remain current on any COVID-19-specific reporting requirements and to keep chiefs advised of those requirements.

# OPERATIONS

The potential impact of COVID-19 on fire department operations cannot be overstated. Chiefs should consider how resources can be deployed and utilized if demand for service increases quickly. Similarly, COVID-19-related personnel shortages may challenge agencies. We recommend a review of operations-related procedures to anticipate and address potential problems.

## Accountability on Scene

Minimizing the number of members with potential exposure to COVID-19 should be paramount. Using the accountability system at all calls can help this goal. The IAFC recommends instituting a Two-in, Two-out-style policy to limit the number of personnel facing exposure to COVID-19. Consider modifying the traditional system to a One-In to perform an initial assessment with the rest of the crew standing by outside the immediate area. Moreover, chiefs may consider staging apparatus responding on a medical call away from the scene to limit the number of responders who are potentially exposed.

## Apparatus, Appliances, and Tools

Consider sanitizing all apparatus interior surfaces using the same frequency guidelines suggested for fixed radios (see Personal Communication Devices, Computer Stations, and Fixed and Portable Radios (Communication Devices) below).

Consider additional cleaning, disinfecting, and sanitizing practices for appliances and tools mounted on or stored in apparatus cabinets that are used on any call.

## Communications Operations

Consider COVID-19-related communications procedures to enhance initial call information:

* 911 call takers and dispatchers should request additional COVID-19-related information from callers seeking emergency services. This may include asking if the caller or victim is experiencing any symptoms related to COVID-19.
* COVID-19-related information obtained from the caller should be relayed, positive or negative, to responding crews.
* Crews should relay COVID-19-related information, based upon their assessment, to the receiving hospital.

## Emergency Response

Service demand may strain available resources. Internal guidelines for self-initiated responses by medic crews or fire companies should be reviewed and modified as necessary to avoid draining resources. Review personnel assignments to ensure qualified personnel are assigned to tasks within the scope of their respective training.

## Fire Station Living

Consider assessing all areas of stations for increased inspections, cleaning schedules, and use of cleaning products specifically known to kill viruses, where such products may not always be used. Consider non-scheduled cleaning of areas after any use, increased placement and locations of antiviral hand wipes and cleansers, and required use of hand wipes and cleansers by members.

## Fire Station Safety

Consider reviewing station cleaning, disinfection, and sanitization practices. This review may include:

* Expanding the station areas that are routinely disinfected and sanitized.
* Increasing frequency of disinfection and sanitization.
* Checking cleaning supplies to ensure that there is adequate stock and that the products used are effective to kill viruses.

Checking that any products in use have an associated and properly located Safety Data Sheet (SDS).

## Fire Station Security

To limit community spread of COVID-19, consider suspending:

* Fire station visits and tours.
* In-person sales-related meetings, regardless of location.
* In-person meetings related to permits, inspections, approvals, and other fire department-related business.

To further limit public traffic in fire department buildings, consider having a drop box located outside department buildings and designating a location for courier delivery.

## Grocery Shopping On-Duty

Social-distancing practices, supply-chain issues with supermarkets and grocery stores, and public perception all play into the standard practice of grocery shopping on-duty and require possible modification of the practice. Consider:

* Modifying grocery shopping practices to limit potential exposures, such as sending only one member into the store or even just sending one crew member on the shopping run with a support vehicle.
* Determine if grocery stores will deliver orders to fire stations or have curbside pick-up.
* Consider that stores may not be fully stocked, requiring additional store visits during the shift.
* Temporarily suspending grocery shopping on-duty while any national, state, or local stay-at-home or shelter-in-place order is in effect.

## Incident Action Plan

Consider using an incident action plan (IAP) to address how your department manages administration, operations, training, and response during COVID-19 related emergency declarations.

## Medical Supplies

Consider suspending standard inventory usage periods for drugs, supplies, and personal protective equipment (PPE) required for a COVID-19 response. This would normally be what is used in a two-week period. Additionally, consider suspending the frequency of Periodic Automatic Replenishment (PAR) systems for these items and consider immediate purchases to increase stock levels beyond the normal PAR schedule.

Specific to PPE:

* Consider your department’s current PPE tracking system and modify to record and report PPE use on a per-call basis.
* Consider keeping outdated PPE stocks in case non-expired stock is depleted.
* Consider suspending the normal practice of returning overstock to the supplier.
* Consider that PPE, under certain conditions, may have to be reused. Cleaning procedures should be developed.
* Consider securing PPE stock in a locked area with limited access.

## Personal Communication Devices, Computer Stations, and Fixed and Portable Radios (Communication Devices)

Consider procedures associated with keeping communication devices as sanitized as is possible. Most communication devices come with cleaning instructions. If those instructions include cleaning products that sanitize as well as clean, then those products should be used. If not, consider using products that will sanitize while not degrading the communication device. Include the cleaning products approved for use, frequency with which the devices should be cleaned, and circumstances under which cleaning should take place, regardless of frequency. Under current conditions, consider requiring that communication devices be cleaned after every call. The use of nitrile gloves upon the initiation of each call should also be considered.

## Personal Protective Equipment (PPE)

Consider that the agency may need to conduct advanced cleaning or specialized cleaning of structural firefighting PPE more frequently due to exposure to COVID-19 aerosol contaminants. Furthermore, review cleaning products and processes used for sanitization (cloth) or disinfection (hard surfaces such as helmet shells) to ensure they are manufacturer accepted.

## Post-Incident Analysis (PIA)

Consider requiring a PIA for all calls where COVID-19-related practices were considered or employed.

* Hot wash or informal PIA where no decon was required.
* Company-level PIA where decon was required.
* Formal PIA where members encountered a patient or individual who was considered a Patient Under Investigation (PUI) or had contracted COVID-19.

When conducting any PIA, consider social distancing practices. For example, consider that any PIA requiring attendance of more than a single crew be held virtually.

## Pre-Hospital Care Reports (PCR)

Additional reporting and recordkeeping may be required by medical directors, local, state, or federal agencies due to COVID-19-related operations. These additional reports may include generic or COVID-19-specific exposure incident reports and self-monitoring forms. Consider gathering these documents and keeping them with PCRs for easy access, completion, and filing. If your department uses an ePCR system, the procedure should include a list of all required reports, and they should be accessible on the ePCR system.

Consider reviewing your patient refusal of care forms, in cooperation with your medical director and legal counsel, to cover situations where personnel provide assessments, but do not transport patients.

## Respiratory Protection Program

Consider the following for review of your department’s respiratory protection program:

* Refresher training for all personnel, regardless of assignment, on care, use, and cleaning of N95 medical masks as well as other respiratory protection used by the department.
* Changes in use of respiratory protection on COVID-19-related responses. Members may not be accustomed to wearing N95 masks as a matter of regular practice. Further, some departments are now including the use of full SCBA on COVID-19-related calls for service.
* As demand for respiratory protection increases and supplies diminish, departments may be forced to re-use respiratory equipment meant for single use. A document providing information on disinfecting and sanitizing respiratory protection equipment is available in the Lexipol Coronavirus (COVID-19) Learning & Policy Center site.

## Tactical Withdrawal

Safety during the COVID-19 emergency goes beyond limiting personnel exposure to the virus itself. When law enforcement or other units are on-scene, request that your medics be advised if the scene is safe and, if not, stage away until they are advised that it is safe. As tensions rise, the risk of attack may increase. Consider additional training on situational awareness and withdrawal.

# PERSONNEL

There are several things to consider when it comes to COVID-19’s impact on personnel policies. All participants required by local practice, governing labor agreements, or state law should be included in personnel-related discussions. If participation and agreement of organized labor is required, consider a memorandum of understanding or special directive that is specific to the current COVID-19 crisis that would expire when certain conditions are met.

## Emergency Recall

Consider a plan for former members who have recently separated from service and still have valid certifications/licenses/skills to be eligible for recall to certain positions in order to free more personnel for operations duty.

## Member Speech, Expression, and Social Networking

Consider refresher training and actively reminding members to avoid contributing to panic and negativity with social media posts.

## Outside Employment

Consider suspending approvals for outside employment that requires in-person interaction with the off-duty personnel.

## Reporting for Duty

Consider updating or developing a policy specific to holdover of personnel. Also consider limiting substitution of personnel at other stations.

## Physical Fitness

Consider suspending the use of outside gyms for physical fitness and implementing stringent cleaning and disinfecting procedures for gym equipment located in department facilities.

## Temporary Modified Duty

Consider moving pregnant employees out of operations positions and working with personnel assigned to light duty to expedite return to full duty when practicable.

## Uniform Regulations

Consider requiring that members launder uniforms at the station, rather than taking them home, when practicable.

# TRAINING

Consider reviewing your department’s training policies and procedures to focus more directly on COVID-19 response and operations. In many instances, adapting existing policies and procedures may be less cumbersome than creating new policies. Any review of policies and procedures with respect to COVID-19 should include input from the agency’s medical director, Health and Safety Officer (HSO), and labor/management committee (if applicable).

## Annual Planning Master Calendar

Consider a review of your annual training calendar and shift scheduling based on new priorities presented by the COVID-19 pandemic. Online courses and webinars, such as may be found at FireRescue1 Academy, relevant to COVID-19 and other subjects, should be considered.

## Communicable Disease Training Program

Consider reviewing and updating the current Communicable Disease Training plan to ensure that all members receive training regarding COVID-19 precautions. Consider additional training to cover sanitizing and disinfecting procedures for personal protective equipment (PPE), apparatus, equipment, and fire stations.

## EMS Training

Department medical directors have likely issued updated protocols for COVID-19-related operations and responses. Review any updated protocols or procedures and consider scheduling associated training.

## Firefighter Health, Safety, and Survival Training

Staying healthy during the COVID-19 emergency is an all-hands priority. Critical subjects to consider for training, with the goal of minimizing exposure, include:

* Member and supervisor responsibilities to self, crew, and family.
* Universal precautions.
* Diligent use of response appropriate PPE.
* Decon procedures.
* Response procedures.

## Hazardous Materials Training

Consider additional training on toxic sanitizing and cleaning agents that residents may possess or create and that personnel could encounter during a response. Common hazardous blends include but are not limited to:

* Bleach and ammonia.
* Vinegar and bleach.
* Rubbing alcohol and bleach.
* Toilet bowl cleaner and bleach.
* Lysol and bleach.
* Drain cleaner and bleach.

## Respiratory Protection Training

Consider training members on the use and maintenance of N95, full-face respirators, and surgical masks regardless of their regularly assigned duties. Consider shifting personnel assigned to non-operational duties to operations as personnel shortages occur or increase.

# VOLUNTEER FIRE DEPARTMENTS

In addition to the subjects recognized in this guide sheet document, volunteer fire departments have some special considerations in addressing how the COVID-19 pandemic impacts daily firehouse life and fire operations. Indeed, if the virus takes hold within the Company, volunteer departments may lose the ability to serve the community. This section should be read together with the considerations set forth in the other sections of this Guide Sheet.

Consider canceling the following activities:

* All regularly scheduled company and committee meetings.
* All training and drills. As an alternative, explore online learning alternatives like those that can be found at FireRescue1 Academy, and creating regular assignment for participation in specific courses and webinars.
* All hall or room use or rentals by members or third parties.

Consider limiting the following access:

* Close all facilities to the public, including non-members who are guests of members.
* Close all member recreation areas, including social areas, pool or game rooms, and exercise areas.
* Make Chief's offices off-limits to all but chiefs and line officers.

Consider the following limitations on time spent at the firehouse:

* Members should report to the firehouse only to respond to calls for service.
* Members should carry out their response duties, return to the firehouse, complete any post-response tasks, and return home.
* Complete all call-related administrative duties as quickly as possible and return home.
* Members who feel sick or are experiencing COVID-19 related symptoms should not respond to calls for service under any circumstances. Members should notify the Health and Safety Officer (HSO) and/or Fire Chief if they are experiencing symptoms or have been diagnosed with COVID-19; or have been directly exposed to someone diagnosed or suspected of having COVID-19.
* The Chief should designate the HSO, to receive all reports from members who are experiencing COVID-19 related symptoms. The HSO should have all information related to available first responder testing and should always advise the member to call their doctor.

Consider the following universal practices:

* All members should wash their hands upon entering the firehouse.
* Keep hand sanitizer near gear lockers and fire apparatus. Responding members should use hand sanitizer before donning gear and entering the fire apparatus and upon returning from a call.
* Have the firehouse cleaned and disinfected. Retain a professional cleaning and restoration service or follow the cleaning and disinfection recommendations of the Centers for Disease Control.
* Emphasize the importance of maintaining communication while practicing social distancing. Update and distribute to members a contact list of all officers and members.
* Encourage members to communicate any concerns regarding operations or administration to officers via phone or email. If there was something a member wanted to discuss directly, they should bring it by an alternative means of communication. This alternative communication is especially true for safety-related matters.

Consider the impact COVID-19 responses and quarantine may have on the mental health of volunteer firefighters. The International Association of Fire Chiefs (IAFC) advises that volunteer personnel may be especially impacted by mental or financial stressors because quarantine or isolation could have negative impacts on their regular employment. As a result, some volunteer personnel may be reluctant to continue their service in light of a growing biological threat. In cases when a volunteer firefighter or EMS provider is subject to a quarantine or isolation as a result of their volunteer service, fire chiefs should offer any reasonable accommodations and assistance. Some of these accommodations may include:

* Assisting in contacting a volunteer’s employer to explain their quarantine.
* Identifying the needs of the volunteer and/or their families during the quarantine.
* Assisting the volunteer in filing for any applicable worker’s compensation, health insurance, or other wage insurance claims.