

Wellfleet Fire Department Pandemic (COVID-19) Continuity of Operations (COOP) Plan

10 Lawrence Road, Wellfleet, Massachusetts 02667

March 18, 2020



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I. INTRODUCTION

The primary mission of the Wellfleet Fire Department is to provide quality fire, rescue and Advanced Level emergency medical services to the residents and visitors of the Town of Wellfleet. This Continuity of Operations Plan is designed to ensure this Department can continue to achieve this mission to the greatest extent possible during a pandemic or any other type of state of emergency.

II. PURPOSE. SPECIFICALLY, THIS PLAN IS DESIGNED TO:

- Ensure that the Wellfleet Fire Department is prepared to respond to emergencies and other requests for assistance, recover from them and mitigate against their impact.
- Ensure that the Wellfleet Fire Department is prepared to provide critical services in an environment that is dangerous, threatened or diminished.
- Facilitate the return to normal operating conditions of the Department as soon as practical based on the conditions at the time.
- Ensure that the Wellfleet Fire Department continues to provide quality service with minimal disruption.
- In a constantly changing environment ensure that the members of the Wellfleet Fire Department are kept safe and healthy in the performance of their duties.

III. ESSENTIAL FUNCTIONS

The following lists the essential, mission critical functions of the Wellfleet Fire Department:

Priority	Essential Functions
1	Suppress all unwanted fires in the Town.
2	Provide pre-hospital emergency medical transport services.
3	Provide proper life safety education programs.
4	Provide appropriate fire prevention, life safety inspection services.
5	Assist other Town Departments in meeting their respective missions.
6	Plan and prepare for any emergency natural or man-made.

IV. ORDERS OF SUCCESSION

In the event the Wellfleet Fire Chief is unavailable or otherwise unable to perform the duties of his/her office, the activation and management of this plan will be the responsibility of their successors as follows:

Successors
Captain Joseph Cappello
Lieutenant/EMS Officer Shawn Clark
Lieutenant Curtis Gelatt
Lieutenant Mary Lou Wood
Acting Lieutenant Allison Gray

Delegations of Authority

The Wellfleet Fire Chief or acting successor may choose to delegate any role or authority with this plan to a successor or other employee of the Wellfleet Fire Department.

V. POTENTIAL HAZARD:

- Pandemic/Public Health Emergency COVID-19

VI. POTENTIAL IMPACT OF REDUCTION OF STAFFING

The Wellfleet Fire Department requires a minimal staffing of two (2) full-time Firefighter/Paramedics on duty at all times to provide basic, essential functions. The minimum two (2) person staffing is supplemented whenever possible by additional full-time or on-call personnel. All personnel are subject to emergency re-call or emergency hold over as ordered by the Fire Chief and/or successor.

In addition, the Department is part of the Barnstable County Mutual Aid system and utilize those resources as needed. Immediate mutual aid partners are:

Eastham Fire Department

Truro Fire Department

Lower Cape Ambulance Service

Provincetown Fire Department

Orleans Fire Department

**THE FOLLOWING IS A LIST OF SERVICE AND/OR PROCEDURE CHANGES
WHICH ARE CURRENTLY IN EFFECT**

- COVID-19 Station Policy, dated March 16, 2020 (copy attached)
- Wellfleet Fire Department Standard Operating Guideline, EMS 10
“High-Risk Infectious Patient” dated, March 15, 2020 (copy attached)

In addition:

We will continue to follow all Massachusetts Department of Public Health rules, regulations and guidelines.

We will continue to follow all Cape and Island Emergency Medical Services requirements and guidelines and utilize this resource whenever necessary.

All personnel are encouraged to conduct business as usual, but, within the requirements of the previously outlined and/or attached documents.

We will continue to comply with our mutual aid agreements with other Barnstable county fire departments.



Wellfleet Fire Department



10 Lawrence Road, Wellfleet, MA 02667

Richard J. Pauley, Jr.
Fire Chief

Phone: (508) 349-3754
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EFFECTIVE IMMEDIATELY

March 16, 2020

COVID-19 Station Policy

In order to reduce the possible contamination of our station and personnel as well as decrease the chance of cross-contamination of our citizens the following steps will be taken.

- Limit access to just the vestibule whenever possible.
 - Ideally, we would like to be able to answer all questions via the phoneline
 - If a in-person conversation is needed, consider going outside instead of using the lobby.
- Access outside the lobby is for Department personnel only. Doors to the Administration wing, Captain's office and Duty office are to remain closed. The sliding glass window to the Administrative Assistant's office should also remain closed when not in use.
- Whenever possible all non-emergency business should be conducted in a means that does not involve person to person close vicinity or contact.
- When talking to other individuals a six (6) foot distance should be maintained.
- If an individual must enter the station, facemasks will be located in the vestibule, if they have a cough or any other respiratory symptoms, they must wear a facemask in the lobby.
- No tours or sales of association goods are to be conducted.
- Friends and family are not to enter the station. If dropping items off to an on-duty member they should remain outside and the department member will go to them.
- Blood Pressure Checks
 - Will happen either in the individual's car or preferably on the outside bench weather permitting.
 - Advise the individual to contact their primary care physician to discuss the need to isolate and the medical necessity as well as the frequency of BP checks medically needed.
 - Advise for future checks if medically necessary to wait outside and call on business line.
 - If the citizen is showing any signs of a respiratory infection this will be considered a EMS call and either a AMA refusal or transport will occur.



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COVID-19 Station Policy, Page 2 (3/16/2020)

- EMS Walk Ins
 - The ambulance will respond to the front of the station.
 - The patient will be transferred from the vestibule to the ambulance for assessment and treatment.
- Food not professionally prepared and handled is not to be accepted. Ensure this is done as polite as possible.
- Station Cleaning
 - At the beginning of the shift and the end of day (when retiring upstairs and turning down the lights) wipe down work surfaces, doorknobs, phones in vestibule and counter at admin assistance's window.
 - Vestibule and counter at admin assistance's window should be periodically cleaned throughout day based on traffic entering and exiting.

We are looked at as the local, pre-hospital healthcare experts by the community. We must ensure that we are doing our part to model the best practices that the community, as a whole, is being asked to do to help reduce the rate of spread of COVID-19. Finally, as this situation is changing on a daily basis (and sometimes hourly) we ask for your patience, flexibility and understanding throughout this situation.

Per:


Chief Richard J. Pauley, Jr.


Lt. Shawn Clark, EMS Officer

The following procedures should be followed by all members unless Department issued pathogen specific guidelines conflict with or require a higher level of response/PPE. In those cases the pathogen specific guideline will supersede this guideline.

Personal Protective Equipment:

EMS providers at a minimum should don:

- Single pair of gloves
- Disposable isolation gown
- N95 mask
- Eye Protection

Patient:

- If they have any respiratory symptoms a simple face mask will be used
- A N95 or other sealing mask without oxygen supply shall not be used
- If the patient has any difficulty breathing and/or SPO2 less than 94% a nonrebreather mask will be used in place of the simple face mask.

All personnel should avoid touching their face and face mask.

Patient Contact:

Initial patient contact will be a planned event, limiting it to only two (2) EMS providers in all the required PPE. Additional personnel may be needed if dispatch identifies the patient as a priority 1.

The initial crew will assess and evaluate the patient. Then request additional resources as indicated by the patient presentation.

Whenever possible only transporting providers should have contact with the patient, other personnel shall work in the cold/warm zone establishing command, assisting with donning and doffing PPE and other needed functions.

When a high-risk patient has been identified non-EMS department apparatus responding shall stage for the ambulance.

Transport and Patient Care:

Whenever possible the transport should be limited to 2 EMS providers (1 driver and 1 technician), both part of the initial responders making patient contact. The members of the original contact team will not swap out and remain behind.

The Driver will remove their eye protection, gown and gloves following recommended guidelines to keep the driving compartment free from contaminants but will keep their N95 on.

During transport the ventilation fan will be turned on creating a negative pressure in the patient compartment. In addition the passenger compartment blower will be set at high to pressurize the compartment decreasing contaminants from patient compartment.

Use caution with aerosol-generating procedures

- BVM ventilation, intubation, suction, nebulizer treatment, C-PAP and cardiopulmonary resuscitation.
- When appropriate consider stopping the ambulance opening the rear door to perform these procedures.
- If possible, consult with medical control prior to performing these procedures

Hospital Notification and Transfer:

Patients will be transport to CCH unless a point of entry has been established.

The receiving hospital should be notified as earlier as possible and the criteria the patient meets needs to be relayed.

Patient transfer will happen at the instruction of the receiving hospital. Without a designated location a high-risk patient should not be brought through the ER.

Decontamination:

After patient transfer all PPE will be removed and disposed of following CDC recommendations.

During patient transfer and completing ePCR the ambulance patient care compartment should be left open to thoroughly air out.

Clean PPE (gloves, goggles, gowns and mask) will be donned for decontamination.

All surfaces and reusable equipment will be cleaned with healthcare grade sanitizer following manufacturer's recommendation.

Follow standard operations for medical waste and used PPE disposal and laundering used linens.

Documentation:

To avoid cross contamination documentation during transport should be completed with pen and paper. After decontamination the electric PCR will be completed.

All members and law enforcement should be documented in the report and proximity to patient and PPE used.

Wellfleet Fire Department Standard Operating Procedure

S.O.G.: High-Risk Infectious Patients
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S.O.G. No.: EMS - 20

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At the conclusion of the call the Department Infectious Control Officer will be contacted and will advise on additional decontamination and exposure reporting.