



Oregon Fire Service Coronavirus Response Team

11/17/2020 Information Bulletin 2020-10 - Interpretation of OSHA Temporary Rule

Oregon OSHA has released temporary rules regarding COVID considerations in the workplace. While each fire and EMS agency in Oregon maintains high standards in workplace engineering and industry best practices, the Oregon State Fire Service Coronavirus Response Team (OFSCRT) would like to clarify several areas of the temporary rules.

Each organization should define their living quarters and designate such areas with signage. In general, these areas should not be accessible by the public and agency staff that are not emergency responders, similar to the module of one concept. Within the designated living quarters, employees assigned to live and work in such areas are allowed not to wear face coverings per the OSHA rule. Employees are required to maintain six feet of spacing throughout these areas. Please note that agency rules and policies may be stricter than the OSHA rules. At all times, when employees are outside living quarters, they should be in a face covering. This guidance would apply to both indoors and outdoors the work place.

Patient contact for fire and EMS agencies begins with the 911 call into the local Public Safety Answering Point (PSAP). Agencies should work with their local PSAP to ensure that information is being collected during the 911 call and that information is being delivered to crews while they are responding to the call.

When driving in apparatus, each fire agency should have clear policies for expectations for wearing PPE. Personnel riding in apparatus must wear respiratory protective equipment when responding to and returning from emergency calls. The driver may remove respiratory protective equipment if such equipment creates unsafe conditions, such as fogging of glasses or impaired field of view.

The fire service's primary role has been and will continue to be to provide emergency response to members of our community. This responsibility means that our personnel will be in regular contact with persons suspected of and confirmed to have contracted the COVID-19 virus. As a result, the fire service must be vigilant in the use of universal precautions. Additionally, several practices should be adopted when providing patient care. The initial assessment of the patient should occur by a single responder, in proper PPE, and from a distance no less than six feet away. It is preferred that this assessment occur outdoors or in a well-ventilated area. The responder conducting the initial evaluation should have appropriate medical equipment, include a pulse oximetry monitor. Finally, all responders are encouraged to stand at the patient's side to conduct care, not directly in line with the patient in a face-to-face manner.

Family members and bystanders should be encouraged to leave the patient's proximity. This recommendation is for the safety of bystanders, the patient, and all responders. Asking everyone near the patient to step back, maintain six feet of distancing, and wearing face coverings for the call duration is paramount to limit the potential virus spread. Family members and bystanders can be asked to move into an adjacent room, and responders can continue to gain information through voice contact.

When providing care to patients under pandemic conditions, responders should be encouraged to limit the use of aerosolized therapy unless it is critical for patient outcomes. When conducting aerosolized procedures, every effort should be made to distance from the patient and provide adequate ventilation. The use of nasal cannulas should be completed with a mask over the patient's nose and mouth to limit the spread of aerosols.

Transporting patients should limit the number of responders to only those necessary to conduct patient care and safely operate the apparatus. While in the treatment area, and ideally throughout the entirety of the call, the patient must wear a face covering. The patient mask must not have an exhalation valve per the OSHA guidelines, as it would cause unfiltered, exhaled breath. The PPE levels for the driver of the ambulance are dependent on the ability to isolate the patient treatment area from the cab space. If the driver's compartment can be isolated, the driver may downgrade their PPE and drive accordingly. If the driver's compartment cannot be isolated, the driver may remove gown and gloves but must wear a respirator or a face covering during transport.

At all times, when providing care to patients, responders must wear a minimum of an N95 respirator mask. Cloth face coverings and surgical masks are not appropriate for patient care. The proper level of PPE ensemble includes a respirator (N95 mask or above), gown, gloves, and goggles or face shield. There are CARES Act opportunities to purchase items necessary for compliance with these rules, these funds may be used for items such as cleaning equipment, PPE, and additional equipment.