

ADOPTED: 11/12/2020

REVISED:

PURPOSE:

*NOTE: OG 100.30 will remain in effect until restrictions are lifted.*

To establish procedures to reduce the risk of spreading the Novel Coronavirus (2019-nCoV), commonly referred to as Covid-19. Jefferson Fire District's objectives are.

1. Prevent exposure to the crews and those we encounter, such as public and family members
2. Preserve the supply of PPE in the event of a prolonged outbreak
3. General distance/face coverings
4. Training and sanitation requirements
5. Facility restrictions
6. Known or suspected Covid-19
7. Self-monitoring

PROCEDURES:

1. Accompanying Operational Guidelines are 400.2.1, Infection Control and 400.2.10, Novel Virus Response. These OG's can be viewed at [www.Jeffersonfire.org](http://www.Jeffersonfire.org)
2. Six-foot distancing and mask requirements.
  - a. If six-foot distancing cannot be maintained in the Fire Districts business office mask shall be worn. Individual working alone in their office or workstations do not need to wear a mask.
  - b. To the degree six-foot distancing cannot be reliably maintained in common living areas in a fire stations, the personnel residing there are not required to wear masks, face coverings or face shields (this exception applies only to shared living areas; it does not apply to break rooms, shared toilet facilities, or other common areas used by other members or individuals other than those residing in the living areas).
  - c. All members in the same vehicle must wear a mask unless vehicle members are from the same household, such as resident volunteers from the same station. If crews are mixed, such as resident volunteers and volunteers, all occupants must wear a mask. Vehicle drivers are not required a wear face mask if it interferes with their vision.
  - d. All members, including the driver, in the same vehicle must wear a mask when returning from a call where the patient presented with COVID-19 like symptoms or was positive for COVID-19.
3. Sanitation products will be available (based on consumer availability) to all members that occupy workstations during a 12-hour period.
  - a. During normal office operations the lobby will be sanitized daily.
  - b. HVAC system filters will be changed every three months.
4. Sanitation products will be available (based on consumer availability) to all members for sanitizing and cleaning the apparatus.
  - a. Vehicle cabs and equipment, used on any call with a suspected or confirmed COVID-19 patient, shall be sanitized, and cleaned by the responding crew as soon as they are back in quarters.
5. Sanitation and cleaning products will be available (based on consumer availability) to all members for sanitizing and cleaning the facilities.
  - a. The lobby area of the business office shall be sanitized before and after business hours.
  - b. Counter and surfaces contacted by the public should be sanitized each visit.

6. Each member will be required to complete Covid-19 training which will entail the following:
  - a. Physical distance requirements
  - b. Face masks/coverings
  - c. Sanitation
  - d. Covid-19 signs/symptoms
  - e. Infection notification
  - f. Transmission methods
  - g. Asymptomatic/pre-symptomatic
  - h. Safe and healthy work practices
7. Business hours have been reduced to 9:00 am to 4:00 pm, Monday through Friday. Training Room 1 and Training Room 2 will have limited access. Millersburg Station, Talbot Station, and Jefferson Station bay area will be closed to the public.
8. Baseline exposure guidance. By the nature of our services a member could be exposed to the Coronavirus at any time, therefore it is important that members routinely self-monitor for the signs and symptoms of COVID-19.

Self-monitoring means to monitor yourself up to 10 days for the signs and symptoms of COVID-19 including taking your temperature once a day. Active monitoring means to monitor yourself for the signs and symptoms for COVID-19 up to 14 days including taking your temperature twice a day.

Members shall self-monitor for 10 days when:

  - a. You have an upper-respiratory illness.
  - b. You responded on a call where the patient is presenting COVID-19 like symptoms and you were wearing a mask and eye protection.
  - c. You responded on a patient who is positive for COVID-19, but you did not have patient contact, was greater than six feet from the patient, was not in the building where the patient was and you were wearing a mask and eye protection.
  - d. A member of the response crew you responded with develops COVID-19 like symptoms.

Members shall do active monitoring for 14 days when:

  - a. You had direct contact with a patient who is positive for COVID-19 regardless of what PPE you were wearing.
  - b. You responded on a COVID-19 positive patient who required procedures that likely resulted in exposure to small droplets in high concentration, presenting a risk for airborne transmission of COVID-19.
  - c. You were within six feet of a person who was positive for COVID-19.
9. The Fire District is a combination emergency response agency utilizing both career and volunteer responders. It is not practical to screen members who respond to emergency calls from their homes as they arrive at the station. The Fire District will rely on each member to monitor their own medical condition as it relates to the signs and symptoms of COVID-19. Symptoms can include all or some of the following: a new cough, shortness of breath, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, loss of taste and smell, and a fever over 100°F. If a member is experiencing any combination of the symptoms along with a fever over 100°F, they should self-isolate and contact their health care provider.

The Fire District will provide non-contact forehead thermometers in each station so members can take their own temperature when entering the stations for non-emergency activities.

10. Jefferson Fire District will accommodate and make space available to members if a local public health agency or Oregon Health Authority indicates that a COVID-19 diagnostic testing within the workplace is necessary.  
If Jefferson Fire District requires a COVID-19 test all costs will be covered by the Fire District including members time and travel. If Jefferson Fire District does not require a COVID-19 test the Fire District is not responsible for any of the cost.
11. Whenever the Oregon Health Authority, local public health agency, or medical provider recommends a member be restricted from fire district activities, including work, due to quarantine or isolation for COVID-19, such as through identification during contact tracing activities, the affected member will be directed to isolate away from other non-quarantined individuals.
  - a. Whenever a member is quarantined or isolated because of COVID-19 the Fire District will allow the member to work from home if possible and the members condition does not prevent it.
  - b. Before returning to work/response after a member participated in COVID-19 quarantine or isolation activities they must meet one of the following.
    - A. Had a COVID-19 test that was negative.
    - B. The members health care provider authorized the return.
    - C. The member went 48 hours without a fever and presents no COVID-19 symptoms.

OAR 437-001-0744, Addressing COVID-19 Workplace Risk  
Definitions

- (a) Aerosol-generating healthcare or postmortem procedure – means a medical, dental, or postmortem procedure on human patients or remains that is likely to result in exposure to small droplet nuclei in high concentration, presenting a risk for airborne transmission of COVID-19.
- (b) Common areas – means building lobbies, reception areas, waiting rooms, restrooms, break rooms, eating areas, smoking areas, locker rooms, bathing areas, transit lounges, conference rooms, or other locations indoors or outdoors that multiple individuals may use or congregate that employers operate or control.
- (c) Decontamination of filtering facepiece respirators (FFR) – means a process approved by the U.S. Food and Drug Administration (FDA) that reduces the number of pathogens, does not harm the fit or filtration performance of the FFR, and presents no residual chemical hazard.
- (d) Direct patient care – means any employee job duties that include direct physical contact with a patient during the delivery of healthcare services. A worker performs direct patient care under the authority granted by a license or certification issued by federal, state, or local entities to provide healthcare services within the scope of practice. The worker may be providing direct patient care under their own licensure or certification, or may be providing care under the supervision of a licensed or certified worker. Workers involved in direct patient care include, but are not limited to, physicians, physician assistants, nurses, nurse practitioners, certified nursing aide, medical technologists, phlebotomists, respiratory therapists, dentists, dental hygienists, physical or occupational therapists, chiropractors, and other workers who otherwise provide in-person healthcare services. Direct patient care does not include customer service activities provided in retail settings that have embedded healthcare offices, such as retail pharmacies.
- (e) Emergency first responder activities – means those job duties that require an employee to be able to arrive first and provide assistance at the scene of an emergency, such as an accident, fire, natural disaster, including but not limited to law enforcement officers, firefighters, emergency medical technicians, and paramedics. Emergency first responder activities under this rule do not include tasks where only first aid is provided in accordance with OAR 437-002-0161.
- (f) Employee – means any individual, including a minor whether lawfully or unlawfully employed, who engages to furnish services for a remuneration, financial or otherwise, subject to the direction and control of an employer; any salaried, elected and appointed official of the state, state agencies, counties, cities, school districts and other public corporations; and any individual who is provided with workers' compensation coverage as a subject worker pursuant to ORS chapter 656, whether by operation of law or election.
- (g) Employer – means any person who has one or more employees, any sole proprietor or member of a partnership who elects workers' compensation coverage, or any corporation in relation to the exposure of its corporate officers except for corporations without workers' compensation coverage under ORS 656.128 and whose only employee is the sole owner of the corporation, or any successor or assignee of an employer as described in OAR 437-0015.
- (h) Employment, Place of – has the meaning provided in OAR 431-0015 and excludes any place where the only employment involves workers not covered by workers' compensation and employed in or around a private home, as well as any corporate farm where the only employment involves the farm's family members.

**Note:** The employment of home care and home health care workers by a resident of the home in which they work is not subject to workers' compensation (even though the employees receive such coverage through the Home Care

Commission) and therefore their employment is not covered by Oregon OSHA. Such workers who are employed by private home health or in-home care agencies are subject to workers' compensation and therefore their employment is covered by Oregon OSHA. Private homes, such as adult foster care homes, where the only employment is for the care and comfort of the residents are also not required to obtain workers' compensation and are therefore not subject to Oregon OSHA unless the employer has opted to provide workers' compensation coverage under ORS 656.039.

- (I) Environmental decontamination services – means the work performed by janitorial, custodial, maintenance, or similar employees who are responsible for cleaning equipment, surfaces, or other items in direct patient care healthcare settings. This includes routine and non-routine cleaning or disinfecting of high-touch surfaces as defined by this rule, equipment, or procedural tools that are used in patient care areas in healthcare settings, including those settings in which aerosol-generating procedures are performed.
- (j) Face covering – means a cloth, polypropylene, paper or other covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face. Coverings that incorporate a valve that is designed to facilitate easy exhalation or mesh masks or other covers with openings, holes, visible gaps in the design or material, or vents are not appropriate face coverings (even if otherwise appropriate for respiratory protection) because they allow droplets to be released from the covering.
- (k) Face shield – means a transparent plastic shield that covers the wearer's forehead, extends below the chin, and wraps around the sides of the face. Devices that place a shield in front of only the user's nose and mouth do not meet the definition of a mask, face covering, or face shield. Face shields are normally used as protection for the face and eyes but are a compliant (although not preferred) means of "source control" in relation to COVID-19.
- (l) Feasibility – refers to the ability of an employer to implement any requirement in a rule. Oregon OSHA rules never prohibit work. Whether feasibility is mentioned in a provision of the rule or not, if the employer can demonstrate that it is functionally impossible to comply or if doing so would prevent completion of the work, the employer need not comply, but must take any available reasonable alternative steps to protect the employees involved.
- (m) Filtering facepiece respirator -- means a tight-fitting, negative pressure, particulate respirator, where the particular filter is the facepiece itself. Such respirators are often referred to as "dust masks," but dust masks that are not certified by the National Institute for Occupational Safety and Health are not respirators. The most common filtering facepiece respirators for general use are known as N-95 respirators.
- (n) Hand hygiene – means the cleaning, sanitizing, or disinfecting of one's hands by using standard handwashing methods with soap and running water, antiseptic hand wash, antiseptic hand rub (alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis.
- (o) Healthcare setting – means any space at the workplace a worker routinely provides direct patient care as defined by this rule or performs aerosol-generating healthcare or postmortem procedures. A healthcare setting does not include any establishment where only personal support services are provided or places where direct patient care is provided to a patient outside the healthcare setting itself.
- (p) High-touch surface – means equipment or surfaces that are handled frequently throughout the day by multiple individuals. High-touch surfaces can include, but are not limited to, countertops, credit card terminals, doorknobs, digital kiosks, touch screen enabled devices, light switches, handrails, elevator control panels, and steering wheels.
- (q) Individual – means any person who is present in the place of employment, whether an employee or not.
- (r) Mask – means a U.S. Food and Drug Administration (FDA) cleared surgical,

medical procedure, dental, or isolation mask (commonly referred to as a “surgical mask”). Masks are medical grade masks that function as a physical barrier to protect workers from hazards such as splashes of large droplets of blood or bodily fluids; they do not provide reliable protection to the wearer against aerosols or airborne pathogens.

- (s) Personal protective equipment (PPE) – means specialized clothing or equipment worn by a worker for protection against a hazard. General work clothing (for example, uniforms, pants, shirts or blouses) not intended to function as protection against a hazard for the user is not considered to be PPE.
- (t) Personal support services – means the work performed by a caretaker or similar employee who is responsible for assisting individuals with day- to-day living issues that are not direct patient care activities. Personal support services include, but are not limited to housekeeping, assisting with medication, personal transportation (such as taking a client to an appointment), and other day-to-day living activities that may occur in an individual’s private residence are not otherwise considered to be direct patient care under this rule.
- (u) Respirator – means a type of personal protective equipment that protects against respiratory hazards by removing specific air contaminants from the ambient (surrounding) air or by supplying breathable air from a safe source. Respirators that remove contaminants from the ambient air are called air-purifying respirators. Respirators that supply air from a safe source other than the ambient air are called atmosphere-supplying respirators. Masks, face coverings and face shields are not respirators.
- (v) SARS-CoV-2 – refers to a specific beta coronavirus (MERS-CoV and SARS-CoV are other beta coronaviruses) that causes what has been designated as Coronavirus Disease 2019 (COVID-19).
- (w) Shared equipment – means devices or tools that are used by multiple employees or other individuals including, but not limited to, elevators, escalators, computer keyboards, and work vehicles.
- (x) Source control – means the use of protective equipment or other measures such as face coverings to prevent the spread of illness from a potentially infectious person to others. A typical example of source control for COVID-19 is to use a mask or face covering to limit the spread of respiratory droplets and aerosols from the wearer to others. Respirators can be used as source control in addition to providing protection for the wearer, but only if the respirator does not have an exhalation valve (respirators with an exhalation valve can also be worn in combination with appropriate source control).
- (y) Suspected to be infected with COVID-19 – means a person who has signs or symptoms of COVID-19 disease but has not tested positive for SARS- CoV-2 infection and no alternative diagnosis has been made consistent with Oregon Health Authority definitions.