



First Responders

This document is intended for employers, workers and customers/participants of emergency and patient intake, as an overview of potential hazards in the workplace due to COVID-19.

In all cases, guidance from local public health authorities must be followed and general COVID-19 prevention practices should be implemented, as outlined in:

www.ccohs.ca/pdfs/covid-general.pdf

Call Screening - Dispatch

- Gather as much information as possible and communicate it to the first responder before they arrive on-site.
- Check for risk factors associated with COVID-19, such as: fever; acute respiratory illness or new/worsening cough; travel outside Canada; or direct contact with someone who has travelled or has been suspected of having COVID-19.

Working with Individuals

Direct contact can happen when treating individuals. Always follow routine practices and prevention measures, including:

- Source control – Enhance screening procedures by assessing individuals within 2 metres, and put on appropriate PPE if positive results are noted or if screening results are uncertain. Notify the facility of individuals under investigation. Increase ventilation in the vehicle.
- Individual's assessment – Only the required responders needed for care work should be within 2 metres of the individual. Other responders should remain 2 metres away from others. Ask the individual and any accompanying persons to wear a surgical mask. If this is not possible or not tolerated, ask the individual to cough or sneeze in their arm and to perform hand hygiene.
- Hand hygiene – Clean hands with soap and water or alcohol-based hand sanitizers.
- Contact and droplet precautions – When you are within 2 metres of an individual under investigation, wear gloves, a face shield, a gown, and an N95 respirator. Remove your eye or face shield after leaving the individual's location or areas such as an emergency room, bedside, jail cell, etc. Perform hand hygiene and remove the N95 respirator using the straps. Always perform hand hygiene before, between, and after removing any pieces of PPE, and after leaving the individual.
- Vulnerable community care – Be vigilant when entering facilities (e.g., nursing or retirement homes) associated with people who may have pre-existing conditions. Make sure responders do not have COVID-19 risk factors.

Transporting Individuals

- Limit the number of people in the individual's transportation compartment. Ask other persons to follow unless necessary (e.g., language barrier). Offer a surgical mask and ask them to perform hand hygiene before entering the vehicle.
- Transport with full ventilation, wear PPE during transport, and do not perform aerosol-generating medical procedures, if possible.
- Isolate the driver. Driver should remove PPE and perform hand hygiene before entering the cab.
- Notify the receiving facility that a suspected COVID-19 individual is arriving. Driver should re-apply necessary PPE upon arrival to destination if contact with the individual is necessary.
- Put on appropriate PPE and perform routine vehicle and equipment cleaning and disinfection after the call. If an aerosol-generating medical procedure was performed, put on the necessary PPE, perform post-transport ventilation (e.g., open all doors and windows, turn exhaust fans on high) for 20 minutes, and clean and disinfect equipment.



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Facility and Staff Management

- Be aware of cross-contamination through staff, equipment (stretchers, wheelchairs, stethoscopes, blood pressure cuffs, hand cuffs, etc.), individual belongings, records, linens, clothes, and surfaces such as counters, chairs, handles, and doorknobs.
- Maintain physical distance in shared spaces such as waiting rooms.
- Clean offices, washrooms, lunchrooms or trailers, and workspaces at least once per day. Focus on commonly touched surfaces such as pens, tools, radios, vending machines, tables, chairs, doorknobs, handles, handrails, kettles, and microwaves.
- Clean shared equipment, phones, and tablets with alcohol or disinfectant wipes.
- Remove and wash work clothes as soon as you arrive home.
- Hold meetings virtually or in large areas that allow for distancing.
- Conduct orientations verbally to avoid touching papers.
- Keep crews together so that they are comfortable working in close proximity when absolutely necessary.
- Discuss with crews how to perform work safely while maintaining distance and routine precautions.
- Make sure workers are trained to work safely before replacing the duties of others.

Personal Protective Equipment (PPE)

- Consider having all responders and those associated with the call wear a surgical/procedural mask at all times, and if in contact with a positive or suspected COVID-19 individual, use an N95 respirator.
- Train responders on how to work with and care for personal protective equipment, and to understand its limitations.
- Make sure responders are fit-tested to a minimum of 2 N95 styles should PPE availability be challenged.
- Be aware of PPE breaches, including breaches between the respirator and face. Change N95 respirators ideally when it becomes difficult to breathe or when the respirator becomes too wet, moist or soiled.
- If there are shortages, PPE should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact activities. Consider if continuous wear of the same PPE is appropriate when working with patients with the same diagnosis.
- Improvised or home-made masks are not PPE. Caution should be used. Discuss options with your supervisor, and/or your health and safety committee or representative, and/or union if present.

Provide mental health support to all workers, including access to an employee assistance program (EAP) if available.



For further information on COVID-19, refer to the Public Health Agency of Canada

<https://www.canada.ca/coronavirus>

Note that this guidance is just some of the adjustments organizations can make during a pandemic. Adapt this list by adding your own good practices and policies to meet your organization's specific needs.

Disclaimer: As public and occupational health and safety information is changing rapidly, local public health authorities should be consulted for specific, regional guidance. This information is not intended to replace medical advice or legislated health and safety obligations. Although every effort is made to ensure the accuracy, currency and completeness of the information, CCOHS does not guarantee, warrant, represent or undertake that the information provided is correct, accurate or current. CCOHS is not liable for any loss, claim, or demand arising directly or indirectly from any use or reliance upon the information.