



# COVSAR

## Commonwealth of Virginia Search and Rescue



*United....."that others may live"*

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## COVSAR COVID-19 Protocols

April 16, 2020

### General Information

Given these unprecedented times, the Virginia Department of Emergency Management (VDEM) and the groups that comprise the Commonwealth of Virginia Search and Rescue (COVSAR) Community are following the example of other public service agencies by establishing a COVID-19 Task Force to ensure that all members of the COVSAR Community are protected to the extent possible. The mandate for this task force will be to develop agreed upon personal protection guidelines (Protocols) for operating in the mission environment, including pre- and post-mission protective measures.

The COVSAR COVID-19 Task Force acknowledges utilizing information and protocols shared by external and partner public service agencies and thanks those agencies for sharing their knowledge, expertise and standards. The information contained in this document is intended for COVSAR members only and is not considered the property of COVSAR or VDEM but is the result of shared best practices during a time of national disaster.

These protocols are intended to augment VDEM/COVSAR existing protocols, guidelines procedures and standards and will be effective until 10 June 2020. These guidelines may be extended based on direction and guidance on the status of the COVID-19 virus. Notice of a new expiration date will be provided if the guidelines are extended. Personnel may choose to continue the guidelines on their own even after 10 June 2020. Cessation of these guidelines does not withdraw the need for common sense, common BBP precautions, and eye protection.

### Personal Protective Equipment (PPE)

It is understood that PPE is at a shortage nationwide. At this time, the COVID-19 Task Force is attempting to establish a mission deployable cache of PPE. Where certain PPE is indicated in the following protocols, responders should attempt to follow the guidelines and only deviate in the event of a known, imminent, eyes-on, life or death situation. Should a responder initiate action without proper PPE, it will be at the responder's sole discretion and liability.

### Safety

These Protocols are meant to protect:

- Ourselves and our families
- Our teammates
- Our Authority Having Jurisdiction (AHJ) partners
- Our subjects
- Emergent volunteers

All responders should use common sense and practice good Body Substance Isolation (BSI) procedures as recommended by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>. Every responder should be aware of the COVSAR COVID-19 Protocols and encourage and remind their teammates to implement these safety measures. We are all in this together!

## Terminology

**Responder:** Any COVSAR Member responding to a mission in any capacity.

**Subject:** Individual(s) whose recovery is the objective of the mission.

**Patient:** Anyone within the mission environment, including the subject, who is in need of medical or traumatic care including those who may be potentially infected with COVID-19.

**Mission Environment:** All activities and environments that any and all individuals are involved with, or subjected to, once they have arrived at base and departed base, including signing-in and signing-out.

**Safety Officer:** Individual who, if warranted, is assigned by and reports to the SMC, and is responsible for the general safety and wellbeing of all individuals in the Mission Environment, as well as ensuring COVID-19 protocols are followed.

**Authority Having Jurisdiction:** The Chief Executive Officer (or designee) of the agency or jurisdiction that has responsibility for the incident.

## Index of Protocols

1. Pre-deployment
2. Mission Base
3. Search Team Tasks
4. Subject Management
5. Emergent Volunteers
6. Demobilization
7. Personal, Post Mission Decontamination
8. Post-Mission Physical and Psychological Support

## Protocols

### 1. Pre-deployment

- 1.1. Responders who are at a higher risk for severe illness by contracting COVID-19, as outlined by the Center for Disease Control (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>, should consider not physically responding to missions. These individuals can still provide critical support functions from home, such as dispatch, remote planning, etc.
- 1.2. Responders who have traveled overseas or from one of the CDC's nationally recognized COVID-19 "hot spots" or have been exposed to known positive persons, should not respond to any mission until they have been quarantined for 14 days and have followed

these CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>,

- 1.3. Responders should never respond to a mission if they are not feeling healthy and especially if they meet any of these CDC guidelines for the COVID-19 virus: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- 1.4. Responders should not deploy if they have signs or symptoms of: fever (100F or greater) or sense of being febrile, cough, shortness of breath, sore throat, flu-like symptoms.
- 1.5. When possible, Group Dispatchers should inquire about the health and safety of each Responder as a component of collecting availabilities, or at any point before deployment.
- 1.6. Responders should consider having one or more, fabric-based face covering in their possession should they be needed. Acceptable face coverings include, buff, balaclava, neck gaiter, bandana, etc. Home-made fabric masks may be constructed following these guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- 1.7. Responders should carry several pairs of disposable patient examination gloves (nitrile safety) in the mission environment.
- 1.8. Eye protection will be required to be worn at all times in the mission environment.
- 1.9. Responders should bring additional garbage bags in addition to the minimum required to be worn as an extra barrier should Subject contact be necessary.
- 1.10. If possible, responders should bring additional PPE and disinfectant materials in their possession, including but not limited to alcohol based hand sanitizers, disinfectant surface wipes, antiseptic wipes, medical (surgical) grade masks, N95 masks, medical gowns, face shields.
- 1.11. Responders should plan to bring all of their own food and water for the full duration of their time in the mission environment and should try to limit the sharing of liquids and food.
- 1.12. Responders should have a second set of clothing to change into at the completion of the mission. Soiled/worn clothing should be placed in a sealed bag to be washed upon returning home.

## **2. Mission Base**

- 2.1. All personnel including COVSAR responders, support personnel, AHJ, etc. should practice 6-foot social distance guidelines as much as possible in the mission environment.
- 2.2. If warranted, a Safety Officer will be appointed by the SMC at every mission. The Safety Officer will be responsible for ensuring COVID-19 Protocols, in addition to general safety measures, are being followed. The Safety Officer will report directly to the SMC and should be familiar with all CDC and VDEM procedures and guidelines.
- 2.3. Safety briefings will include the COVSAR COVID-19 Protocols. Current COVSAR COVID-19 Protocols will be posted in the Staging Area, along with other pertinent safety information.

- 2.4. Optimally, Responders should use their own pen when signing in and out of Base. When signing in, Responders may be asked if they have any of the following signs or symptoms: fever (100F or greater) or sense of being febrile, cough, shortness of breath, sore throat, flu-Like symptoms.
- 2.5. When possible, Mission Briefings should take place outdoors or in a well ventilated area.
- 2.6. A separate area in Base should be set up to brief and debrief field teams, well away from the rest of command staff activities and in close proximity to the staging area, but not in the staging area.
- 2.7. Only the Search Team Leader should approach the briefing/debriefing area, not the whole team. Once briefed, the STL will meet with his or her team and move them away from the staging area to brief the team, who will maintain an appropriate distance from each other.
- 2.8. Easily accessible trash bags should be placed in both the Command Base and the Staging Area and labeled: For PPE Disposal. The Safety Officer or designee should take control of these bags at the close of the mission and ensure they are disposed of appropriately.
- 2.9. All K9s and equines should only be managed by their handlers and should be crated or isolated while not actively on task. Petting or interacting with K9s and equines beyond their handler is discouraged.

### **3. Search Team Tasks**

- 3.1. All Team members should practice 6-foot social distance guidelines at all times while on Task.
- 3.2. Only the Team Leader should approach the briefing/debriefing area and attend the briefing/debriefing. Not the whole team.
- 3.3. The Search Team Leader (STL) will be the only team member to handle the Task Assignment Form and will complete the required information for their team, including names, roles, and contact numbers. The team should be issued as many maps as necessary in order to limit sharing of maps.
- 3.4. Handheld radios should not be shared. If using a radio from a cache, only one person on the team should handle the radio and it should be wiped with a disinfectant after use.
- 3.5. Each Field Team should be issued, if available, two medical (surgical) grade masks. These masks are only to be used in case of Subject/Patient contact: one mask for the Responder making contact, and one to be used on the Subject. These should be pre-packaged in a sealed ziploc bag. Responder making contact with the Subject may use an N95 mask or higher if properly fitted.
- 3.6. If the team makes contact with the Subject(s), only one team member - either the Medic or STL - should approach the Subject. If possible, that individual should put on a medical (surgical) grade mask (or one of higher protection), patient examination gloves (nitrile safety) and eye protection before making contact. The Responder making contact should then provide a medical (surgical) grade mask for the Subject, or at a minimum a fabric face covering. The STL/Medic will then assess the status of the

Subject's health, including completion of the Subject Contact COVID-19 questionnaire (See end of document).

- 3.7. **All subjects must be considered COVID-19 Positive.** The STL should use sound judgement in the use of personnel while conducting a rescue or evacuation evolution and ensure universal precautions are followed.
- 3.8. All K9s and equines should only be managed by their handlers. Interaction with these animals beyond their handlers is discouraged.

#### **4. Subject Management**

- 4.1. All Subject(s), no matter their Status **must be considered COVID-19 Positive.**
- 4.2. Only one Responder, either the Medic or Search Team Leader (STL) should approach the Subject. If possible, that individual should put on a medical (surgical) grade mask (or one of higher protection), patient examination gloves (nitrile safety) and eye protection before making contact. That individual will then assess the status of the Subject's health. The Responder making contact should provide a medical (surgical) grade mask for the Subject, or at a minimum a fabric face covering. The STL/Medic will then assess the status of the Subject's health, including completion of the Subject Contact COVID-19 questionnaire (See end of document).
- 4.3. Subjects should be encouraged, if possible, to walk out on their own or with limited assistance whenever possible.
- 4.4. Be sure to use proper PPE when managing and evacuating the Subject.

#### **5. Emergent Volunteers**

- 5.1. When at all possible, Emergent Volunteers should not be utilized in the Mission Environment and should be considered a last resource.
- 5.2. Should the Mission objectives require the utilization of Emergent Volunteers, a separate Staging Area should be established away from all other Base functions including the Responders Staging Area.
- 5.3. One individual should be put in charge of managing Emergent Volunteers. The Safety Officer, in conjunction with the Search Mission Coordinator and AHJ, will be consulted regarding which tasks and activities Emergent Volunteers may participate in, and determine any screening and safety precautions to be taken before deployment on tasks.
- 5.4. ALL CDC guidelines for COVID-19 screening should be utilized when screening Emergent Volunteers <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

#### **6. Demobilization**

- 6.1. The Safety Officer should monitor the sign-out function and ensure all departing Responders are aware of the Personal Post-Mission Decontamination Protocols.
- 6.2. Any and all shared equipment, including radios, laptops, white boards, etc. should be decontaminated on-site before being packed and transported. All non-disposable equipment used for Subject care and transport should be thoroughly decontaminated.

- 6.3. Trash bags used for disposable PPE should be collected by the Safety Officer and be disposed of appropriately.
- 6.4. The Safety Officer should report to the Search Mission Coordinator and the relevant VDEM SAR Coordinator any and all suspicions of COVID-19 exposure in the mission environment.
- 6.5. K9s and equines should be kept well-groomed to minimize potential spread after exposure to the mission environment. This may include wiping down with cleaning wipes, bathing with a povidone scrub, dish soap or equivalent. Any equipment, including water and food containers, and their travel environment should also be decontaminated.
- 6.6. Responders should have a second set of clothing to change into at the conclusion of their mission shift. Soiled/worn clothing should be placed in a sealed bag to be washed upon returning home.
- 6.7. Whenever possible, Responders should decontaminate the inside of their vehicles if the vehicle interior was exposed to other individuals during the mission environment.

## **7. Personal, Post-Mission Decontamination**

- 7.1. All Responders when returning home should, while using proper PPE, undress and isolate their mission equipment and clothes outside of their home, along with any equipment used. All equipment and clothing should be decontaminated. After decontamination, the Responder should shower before interacting with any individuals.
- 7.2. Any Responder with any COVID-19 exposure, signs or symptoms that occur any time up to 14 days after their last Mission deployment should immediately report their condition to their Group's Chief Officer. The Group's Chief Officer will inform the VDEM SAR Program Chief of the situation.

## **8. Post-Mission Physical and Psychological Support**

- 8.1. This pandemic is a life changing event. Psychological stress could be a very real consequence of this event. COVSAR Responder involvement in a Mission has the potential to exacerbate or contribute to other stressors related to the pandemic in their personal life. Please seek assistance from a trained professional if you believe you are experiencing any signs or symptoms.

### **Subject Contact COVID-19 Questionnaire**

1. Does the Subject believe they have COVID-19 (Coronavirus)?
2. Does the Subject know if they currently have an elevated temperature or have had one in the last 14 days?
3. Does the Subject currently have a persistent cough or has had one in the last 14 days?
4. Is the Subject currently having trouble breathing or has experienced trouble breathing in the last 14 days?
5. Has the Subject been exposed to a person known to have had COVID-19 virus in the last 14 days?