

NORTH CAROLINA STATE EMERGENCY RESPONSE TEAM

March 13, 2020

Continuity Planning Guide for First Responders

Protecting First Responders & their families:

The North Carolina State Emergency Response Team (SERT) is committed to providing important information and guidance to first response agencies to help protect our first responders and their families. These individuals play a vital role in responding to calls for service and protecting our citizens.

Utilization of a layered effect: Infection Control, Workplan Protection & Community Mitigation create multiple layers of protective measures against exposure to lower respiratory viruses for our first responder. Below are some key areas that should be considered by all agencies to help protect our first responders¹:

Infection Control:

- 1. Handwashing & sanitizer use
- 2. Cover your cough
- 3. Practice social distancing

Workplace Protection:

- 1. Encourage sick employees to stay at home
- 2. Keep work surfaces and equipment disinfected
 - a. Pay special attention to common surfaces such as phones, door handles, radios, steering wheels, ext.
- 3. Use technology for updates and information exchange instead of in-person meetings
- 4. Limit visitors and family to workplace
- 5. Personal Protective Equipment where indicated
 - a. Consider cleaning equipment and uniforms (if soiled with potentially infectious materials) between calls where subjects have a fever or other signs of infection
- 6. Increase ventilation in police cruisers and ambulances by operating the system in a non-recirculation mode and when possible bringing in as much outdoor air as possible
- 7. Early recognition of employees that are ill is important to protecting your entire staff

Community Mitigation:

- 1. Isolation, treatment, voluntary home quarantine of those with confirmed or potential lower respiratory illness (fever with a cough or other signs of illness)
- 2. Voluntary closure of non-essential business functions / consider telework when appropriate
 - a. Especially for high risk populations such as those who are older than 65 or have cardiac/respiratory issues, diabetes, and/or a compromised immune system.

 $^{^{1}\,}https://www.usfa.fema.gov/downloads/pdf/dhs-comprehensive-first-responder-pandemic-guide-pandemic.pdf$



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In addition to the utilization of this layered approach we would encourage first response agencies to begin preplanning now for how you will alter operations to ensure readiness and response should you have a reduction in staff due to the COVID-19 response.

We would encourage each agency to preplan how they would ensure completion of mission essential functions based on a **25%** and **40%** reduction in workforce.

Preplanning for reduction in workforce should include the following:

- 1. What are the **core/essential tasks** within your agency?
- 2. What **unit** delivers that task?
- 3. Current **number of personnel on staff** completing that core tasks:
- 4. List any **necessary changes in operations** to continue performing this task (based on 25% and 40% reduction):
- 5. Do the changes in operations meet the standard delivery of care: Yes or No?
- 6. Minimum number of people required to ensure completion of a core task
- 7. Specific skills necessary
- 8. Specific technologies needed to replicate operations external of the normal work environment.