



QUARANTINE GUIDANCE FOR FIRE AND EMS RESPONDERS

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**OREGON OFFICE OF
STATE FIRE MARSHAL**

Contents

Executive Panel.....	2
Abstract.....	2
Definitions	3
1) Introduction	4
2) Legal References	4
3) Sources of Authority	5
4) Labor Management Considerations	6
5) Preventative Measures	6
6) Risk Categories	7
7) Decision to Isolate Medical Responders.....	7
8) Logistical Considerations of Quarantine.....	9
9) Financial Considerations of Isolation and Quarantine.....	12
10) Mental Health Considerations	12
11) Workers Compensation and Health Insurance Considerations	13
12) Isolation and Treatment.....	14
13) Continuity of Operations Considerations	14
14) Advanced Actions for Fire Chiefs	15
References	17

Executive Panel

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Abstract

The following guidance is provided to the Oregon Fire Service to assist in preparing for contagious pathogens that may affect responders throughout Oregon communities. What follows is not state policy or expectations, this document is intended to be guidance to assist agencies in the development of policies and procedures to keep their employees safe. This document outlines legal responsibilities and authorities to quarantine employees who have been exposed to pathogens and may pose a risk of transmission by continued presence in the community. Considerations are outlined for labor management relations, workers compensation claims, and the various risk levels that responders are exposed to. There are logistical considerations and recommendations to consider for mental health matters as they pertain to quarantine. Finally, there is a list of actions that fire agencies can take in preparation for the arrival of contagious pathogens.

Definitions

Active Monitoring – When a state or local public health authority establishes regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms.

Close Contact – When a healthcare worker is within a specific proximate distance to a person who is infected with a pathogen for a prolonged period of time; or having unprotected direct contact with infectious secretions or excretions of the patient.

Epidemic – A widespread occurrence of an infectious disease in a community at a particular time.

Exposure – Unprotected contact with pathogens or confirmed carriers.

Healthcare Personnel (HCP as referenced in CDC Guidelines) – All paid and unpaid persons serving to provide medical care who have the potential for direct or indirect exposure to patients or infectious materials.

Isolation – The separation of persons who are showing signs and experiencing symptoms of a communicable disease from those that are healthy.

Pandemic – A disease prevalent over a whole country or the world.

Quarantine – The physical separation and confinement of a person or group of persons who have been or may have been exposed to a communicable disease or possibly communicable disease and who do not show signs or symptoms of a communicable disease, from persons who have not been exposed to a communicable disease or possibly communicable disease, to prevent or limit the transmission of the disease to other persons.

Self-Monitoring – Healthcare workers monitoring themselves by taking temperatures, basic physical exams, and monitoring for potential symptoms of infection.

Self-Monitoring with Delegated Supervision – The healthcare provider provides self-monitoring with oversight by the healthcare facility's occupational health or infection control program.

I) Introduction

i) Purpose

This document serves as guidance for leaders throughout the State of Oregon as it pertains to the medical isolation of responders who are under suspicion of or have been exposed to an infectious disease or pathogen.

ii) Scope

This document provides recommendations and critical issues to consider when contemplating the isolation of healthcare providers. This document is not policy, nor is it directives from the State of Oregon.

iii) Assumptions

- (a) The infectious spread of pathogens will occur and could result in epidemics and pandemics. There are historical outbreaks of pathogens that have resulted in significant losses of life across the globe.
- (b) Fire and EMS agencies are front line responders and will be exposed to patients early in the disease cycle. Once exposed there is a potential that responders can become vectors for transmission. Communities rely on Fire and EMS responders as front-line medical care rather than seeking care at primary care facilities.
- (c) Patients may present in all-hazards scenarios, not individually as medical calls for service. For example, responders may encounter ill persons at the scene of fires, car crashes, and even chance encounters in public spaces.
- (d) Fire and EMS agencies are staffed by a variety of responders, including volunteers, paid/on-call, and full time (career) staff. The impact of an infectious pathogen may spread to community members due to ancillary responsibilities beyond fire and EMS specific work.

2) Legal References

i) 42 CFR Part 70¹ and 71²

CDC is authorized to detain, medically examine, and release persons arriving into the US and traveling between the states who are suspected of carrying these communicable diseases.

ii) 42 US Code § 264³

Secretary of Health and Human Services is authorized to take measures to prevent entry and spread of communicable diseases from foreign countries into the US and between states.

¹ “42 CFR Part 70 - INTERSTATE QUARANTINE.”

² “42 CFR Part 71 - FOREIGN QUARANTINE | CFR | US Law | LII / Legal Information Institute.”

³ “US Code - Title 42, Public Health and Welfare.”

- iii) 42 US Code 6A⁴
Public Health Service Act (Ryan White Act). Allows for source testing of patients after the suspicion of exposure by emergency responders.
- iv) ORS 433.121⁵ – Emergency Administrative order for isolation or quarantine
Provides that the Public Health Director or local health administrator may issue emergency orders to place persons in isolation or quarantine.
- v) ORS 433.126⁶ – Notice to persons subject to order
Defines the official process to provide persons who have been isolated or quarantined.
- vi) ORS 433.128⁷ – Conditions or and principles for isolation or quarantine
Defines the specific conditions for isolation and quarantine such as using the least restrictive means necessary to prevent spread of communicable disease.
- vii) ORS 433.131⁸ – Entry into premises used for isolation or quarantine
Outlines when and how people may enter the premises which are being used as a quarantine or isolation site. Further defines the responsibilities of the Public Health Director and local health administrator regarding the use of health care facilities as premises for isolation or quarantine.
- viii) ORS 433.140⁹ – Payment of Isolation or quarantine expenses
Identifies the responsibility for financial expenses related to isolation and quarantine.
- ix) ORS 433.150¹⁰ – Quarantine Hospital
Outlines how a city or municipality may establish a quarantine hospital and what compensation may be due to the building owner.

3) Sources of Authority

- i) County Health Officials
The authority to quarantine a person is left to the direction of the County Health Official per Oregon Law (ORS 433.121). Fire Chiefs and EMS administrators shall convene with county health departments to request guidance when presented with the possibility of personnel who may be exposed.

⁴ “42 U.S. Code Chapter 6A - PUBLIC HEALTH SERVICE.”

⁵ “ORS 433.121 - Emergency Administrative Order for Isolation or Quarantine - 2017 Oregon Revised Statutes,” 12.

⁶ “ORS 433.126 - Notice to Persons Subject to Order - 2017 Oregon Revised Statutes.”

⁷ “ORS 433.128 - Conditions of and Principles for Isolation or Quarantine - 2017 Oregon Revised Statutes,” 131.

⁸ “ORS 433.131 - Entry into Premises Used for Isolation or Quarantine - 2017 Oregon Revised Statutes.”

⁹ “ORS 433.140 - Payment of Isolation or Quarantine Expenses - 2017 Oregon Revised Statutes.”

¹⁰ “ORS 433.150 - Quarantine Hospital - 2017 Oregon Revised Statutes.”

ii) Fire and EMS Agency Leadership

Fire and EMS leaders may work with workforce members to recommend self-monitoring and should guide employees to avoid reporting to work if feeling ill. No employee should report to work if they are demonstrating signs and symptoms of illness, including fever, nausea, diarrhea, or respiratory illness.

4) Labor Management Considerations

i) Types of leave

The determination of leave used for infectious illness is subject to labor contracts, personnel policies, and agency guidelines. Agency administrators should engage the legal departments of their agencies to determine what type of leave would be used for quarantine or isolation.

ii) Compensation for Isolation

Employees under a Public Health isolation order or under quarantine should be compensated if the illness is occupationally related. The compensation policies for employees should be discussed with legal departments, labor unions, and civic leaders before quarantine events.

iii) Volunteer Firefighters

Volunteer firefighters generally are employed throughout the community and rely on that income to provide a livelihood. Fire Chiefs should discuss compensation with volunteer firefighter associations and civic leadership to ensure expectations are in place regarding isolation and quarantine.

Volunteer firefighters exposed in the course of responding to emergencies should consult with their respective departments or districts for Workers Compensation claim and time loss regarding High-Level exposures while on emergency responses.

5) Preventative Measures

i) Providing appropriate PPE

Following recommendations from the Centers for Disease Control, state health agencies, and local health agencies on the proper level of PPE will ensure employees are protected according to current guidelines. It is recommended that agency administrators maintain a close level of observation for any changes in recommendations and promptly notify employees.

ii) Protocols

Agency response protocols and workplace practices should be communicated to employees, and compliance shall be mandatory. Medical response protocols should include work practice controls and engineering controls, which will keep employees safe and minimize the risk of contact and exposure.

iii) Respiratory Equipment Fit Testing

29 CFR 1910.134¹¹ requires that every employee who will wear respiratory protective equipment be fit tested to the device on an annual basis. N95 and particulate filter masks fall within these parameters, and employees must be fit tested to their equipment.

6) Risk Categories

The identification of Risk Categories provides agency leadership with a frame of reference for the level of exposure. These levels of risk vary by pathogen. The following are guidelines for consideration.

i) High Risk

Responder has close physical contact with a contagious patient. In particular, the responder is present in an enclosed room while a medical procedure is conducted which could produce aerosols. Wearing proper PPE in high-risk situations significantly reduces the probability of pathogen transmission to the low-risk category.

ii) Medium Risk

Responder has prolonged contact with a contagious patient and there is probability where airborne or fomite material could come in contact with mucous membranes, such as providing assistance with the movement of non-mobile patients. Wearing proper PPE in medium-risk situations significantly reduces the probability of pathogen transmission to the low-risk category.

iii) Low Risk

Responder has brief contact with a patient, while responder is wearing the recommended level of PPE according to guidance from the health department.

7) Decision to Isolate Medical Responders

i) Timeline of decision making

The timeline to determine if a responder should go into quarantine begins with patient contact. Depending on the level of PPE worn by the responder, contact with an infectious patient may or may not be determined to be an exposure. Fire Department leadership shall contact County Health Department officials if there is reason to believe a responder has been exposed to an infectious patient without wearing PPE.

ii) Waiting for test result isolation (self-isolate)

After a qualified healthcare provider decides to test a patient, public health should be notified. Public Health may request that responders self-isolate as a result of high-level exposure. If there are questions, fire agencies should err on the side of caution and have responders self-isolate. The amount of time an employee is in initial quarantine is variable based on the time to conduct the test.

¹¹ “29 CFR § 1910.134 - Respiratory Protection. | CFR | US Law | LII / Legal Information Institute.”

- (a) Fire agency leaders are encouraged to review the established policies, collective bargaining agreements, and, if necessary, consult with their legal departments to determine the type of leave, if any, members may use while under self-isolation.
- (b) Key considerations for Fire Department Officials during the testing period are as follows:
 - (i) *What to do with responders who are in initial quarantine?*
Emergency responders will need to be kept in an area where they cannot spread any potential pathogen. Logistical considerations will need to be met, and fire department leadership should be checking in with quarantined responders frequently to provide their basic needs and medical updates.
 - (ii) *What to do with families?*
Family members of responders who are in initial quarantine can feel isolated and alone as major questions loom. It is recommended that a representative from the fire agency be available to the family to support them during this trying period of time.
 - (iii) *Communications and Public Information*
The public and media will be very curious about responders in quarantine and will be reaching out through public information officers. Fire agencies should have a clear messaging plan to address the responders, the source patient, and any protected health information.

Fire agencies should be aware of the privacy rights of the employee and protect those rights as it relates to press releases and information. Additionally, agencies should be aware of the social stigma that may be associated with quarantine. Agencies should be prepared for questions from the general public regarding treatment they, or loved ones, may have received from the agency and be prepared to handle those questions accordingly. It is important that fire agencies assure community members their response capabilities are still intact and available to assist with emergencies.

iii) Action Step for Emergency Responder Monitoring

Once the results of source patient testing are confirmed, the fire agency will need to make decisions based on those results. The following recommendations have been adapted from CDC recommendations.¹²

(a) Self-Monitoring

Self-monitoring can be utilized if there is little to no threat of spread to family members, co-workers, or the community at large. During this process, the responder will take their own vital signs (heart rate, temperature, the general feeling of sickness) twice a day for the assigned duration. The results of daily self-monitoring should be documented and reported to the occupational health officer

¹² CDC, "Coronavirus Disease 2019 (COVID-19)."

for the agency to be included in the employee's medical file. A plan must be developed for the instance where the responder develops symptoms and must go into isolation.

(b) Active Monitoring

During active monitoring, the public health authority assumes responsibility for regular communication with potentially exposed employees on a regular basis. The CDC recommends that health care providers contact the exposed employee at least once a day to evaluate vital signs, conditions, and general status.¹² The employee should maintain a log of vital signs twice a day, like noted in the above practice of Self-Monitoring.

(c) Self-Monitoring with Delegated Supervision

During self-monitoring with delegated supervision employees are directed to measure vital signs before the start and end of the assigned work shift. The absence of vital signs that could indicate the presence of illness would mean that employees would be permitted to start their work shift.

(d) Quarantine

Employees who have been assigned to quarantine are not demonstrating signs and symptoms of the pathogen and have been exposed to the degree that there is reasonable suspicion they could contract the pathogen.

(e) Isolation

If an employee is demonstrating signs and symptoms of the illness and has been determined to be exposed, they will be placed in isolation and cared for. The exact location of isolation and the level of care provided in that setting is left to the discretion of health care providers and county health officials.

8) Logistical Considerations of Quarantine

There are a variety of considerations when moving an employee into quarantine and isolation. Chief among these concerns is care of the employee both physically and psychologically.

i) Number of persons requiring quarantine

The number of personnel depends on how many agency personnel are affected. Agencies should develop policies to support employees and families during times of quarantine.

ii) Transportation needs

Either in quarantine at a facility or in the home, there will be transportation needs when employees are quarantined. Considerations will need to be given to provide access to medical evaluations and appointments. Depending on the number of those needing transportation, agencies will need to find apparatus and possibly drivers. If transportation is provided for the affected employee, the transport vehicle will need to be decontaminated.

iii) Housing

The housing of employees under quarantine will vary based on the request of the crew members, the necessary conditions of the quarantine, and the availability of space. Members under quarantine will be offered to quarantine at their home residence provided it can meet the isolation requirements of the county health officer. Fire agencies should be prepared with plans to house quarantined members at an agency sponsored or owned facilities such as a fire station or barrack. Each agency should consider the possible demand for housing and have redundant backup plans to accommodate their employees.

iv) Contact with employees in quarantine

When employees are in quarantine the fire agency should assign a point of contact. Ideally, a Chief Officer should be delegated this responsibility and be willing to be available by phone 24 hours a day. This point of contact should call or video chat a minimum of two times daily to ensure that all needs are being met.

v) Medical evaluations

Regardless of the method of quarantine, each employee will need initial and ongoing medical evaluations for the duration of the quarantine period. Twice daily, each person under quarantine shall be evaluated for vital signs, and these vital signs recorded on tracking sheets. The medical tracking sheets should be collected at the end of quarantine and will become part of the employee's medical record kept by the agency. If an employee is quarantined at home, it is recommended that the fire agency provide medical tools for conducting such exams.

Employees under quarantine should have access to medical professionals, including access to prescriptions and medications. Employees should be encouraged to discuss any potential issues with their healthcare provider before pathogens become prevalent in the community.

vi) Food

The sustenance of employees under quarantine should be considered a responsibility of the agency if the member is unable to move about the community and purchase food on their own. Sufficient food will need to be provided to the quarantine site. This supply can be accomplished by food supply deliveries where food is exchanged in a space that will not expose delivery personnel to the pathogen.

The preparation of food will vary based on the location of quarantine. If food is to be prepared at home, it can be assumed that the employee will have sufficient equipment to prepare their meals. If the employee is quarantined at an agency sponsored location, administration leaders should ensure there are adequate tools available to cook and clean up after meals.

vii) Laundry

Cleanliness of quarantine spaces will help to minimize the spread of germs and lessen the potential for further proliferation. A key component of cleanliness is providing for

the laundering of clothing, bedding, and towels. Proper guidelines should be followed, including the use of bleach in the laundering process. If employees are quarantined at a facility owned by the agency, the necessary cleaning supplies and on-site laundry facilities will need to be provided.

viii) Housekeeping needs

When employees are quarantined the facility must be kept clean and sanitized according to recommendations specific to the pathogen. Employers should make recommendations for proper cleaning agents if an employee is quarantined in their own home and will need to provide approved cleaning agents if the quarantine occurs on agency property. Considerations should include any PPE necessary for the use of the cleaning agents.

At the conclusion of quarantine, it is recommended that all surfaces be decontaminated and sanitized using approved cleaners before the space is utilized by agency personnel. Fire agencies should consider the use of industrial cleaning companies if necessary. By definition, personnel in quarantine should not have contracted the pathogen; however, the space should still be cleaned to the highest standard possible.

ix) Self-care

There are many different factors that affect an employee in quarantine. Consideration before a quarantine can help prepare employees throughout this process and can ease the stress of quarantine. The use of Employee Assistance Programs and peer support counselors can help reduce the mental stress of quarantine and provide an outlet for employees to discuss their emotions. As possible, employees under quarantine should engage in positive outlets such as exercise, stretching, and healthy eating. The use of alcohol or chemical substances while in quarantine should be discouraged.

x) Family considerations

Often the family of employees under quarantine can feel the strain of quarantine and will experience like emotional states. Employers should communicate what resources are available to family members of those under quarantine. If an employee is quarantined at home, the family should be aware of the restrictions in place on the quarantine and be willing to support the employee.

Utilization of peer support members as family liaisons is highly encouraged.

xi) Morale considerations

Individuals who have undergone quarantine for transmissible pathogens have reported feeling low morale as the process can be long and isolating. Fire agencies should consider access to television, internet, devices, movies, books, games, and cards to encourage mental stimulation and to stave off low morale.

9) Financial Considerations of Isolation and Quarantine

i) Isolation and quarantine costs

Oregon Law states an individual is responsible for paying for his/her own isolation and quarantine (ORS 433.140). The implication with this law is that there may not be county or state level funds available to support quarantine of emergency responders. This policy is further supported by ORS 433.140. Oregon Health Authority is not allowed to assist with payments for public agencies or municipalities thus isolation and quarantine costs are an agency expense.

Indemnification in Oregon states that costs incurred during the course of duty are to be covered by the employer (ORS 30.285). As a result of this indemnification, agencies should be prepared to provide for costs incurred during a quarantine of employees.

10) Mental Health Considerations

There are numerous studies of persons who have been in quarantine that describe the psychological impact of such a process, including fears, frustration, depression, and shaming.¹³

i) Emotional impact

While employees are in quarantine there is potential for a variety of emotions as they are isolated from family and friends. The duration of the quarantine can be additionally stressful as the longer responders are isolated, the more they will desire to return a state of normalcy. There is also substantial fears, especially if quarantined at home, of potentially infecting family members or others. Agency leadership should be prepared to provide information on a regular basis and support those in quarantine throughout the duration of the experience and after.

ii) Family interaction

The family is a source of emotional support for employees, and communication with family members should be encouraged through video chat, phone calls, and by observing space recommendations of quarantine. The use of family liaisons is highly recommended.

iii) Social stigma of isolation

A real consequence of quarantine or isolation is the continued stigma of having been through the ordeal. Healthcare workers who have undergone these experiences have reported family stress, professional stress, and even depression based on the treatment they received post quarantine. Agency leaders must be prepared to support their personnel and continue to message the role of the quarantine to combat the stigma effect.

iv) Employee Assistance Programs

Employee assistance can be an effective source of emotional support and provide mental health, counseling, and other services while an employee is in quarantine and after they

¹³ Brooks et al., "The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence."

have been released. Agency leadership should support an employee who seeks care during and after their stay in quarantine.

v) Pre-quarantine stress

Responders will be aware of the potential for quarantine and should be active in using approved PPE and work practice controls. The fear of quarantine can be stressful for employees. Labor and management leadership should work in collaboration to assuage these fears by providing clear direction, policy, and expectations as they relate to quarantine.

vi) Post-quarantine stress

Following a quarantine, responders will work to re-establish their work routines and private lives. Financial stress has been reported in healthcare workers who have been under quarantine. Volunteer firefighters are especially susceptible to socioeconomic stresses.

II) Workers' Compensation and Health Insurance Considerations

i) Testing of employees and source patients

A major factor in the determination of workers' compensation is the determination of exposure and the likelihood that an employee was exposed as a result of their occupational work. Source testing the suspected infected patient for potential exposure must occur within 48 hours, according to the Ryan White Act. 2009 revisions to the Ryan White Act (Pub. L. 111-87) requires notification to emergency responders if they have been exposed to potentially life-threatening infectious diseases.¹⁴

ii) Costs related to testing

Employers may direct employees be subject to testing if there is a concern for exposure. These expenses will be incurred by the agency as there is suspicion of occupational exposure. The employee will bear the cost of the testing if they have individual concerns that cannot be tied to occupational exposure. If an agency or individual incurred testing costs, and the claim subsequently accepted as a worker's comp claim, costs for the testing will be paid by the carrier.

iii) Tracking and reporting exposures

Employers will have a system to track and report exposures for employees. There are additional tools employees could use for tracking processes. One such tool is NFORS¹⁵, which will assist in tracking exposures, including what PPE was used.

Potential exposures should be reported using the agency's preliminary injury reporting process (or however the agency handles potential infectious disease exposures). Time

¹⁴ Woodside and Weaver, "Guide to Infection Prevention in Emergency Medical Services."

¹⁵ The National Fire Operations Reporting System (NFORS) is an application-based system which allows fire agencies and firefighters to log and track exposures and critical incidents. More information can be found at: <https://i-psdi.org/nfors-fire-exposure.html>

away from work while waiting for a test result will typically take less than 72 hours and thus may not constitute time-loss for the purpose of workers compensation benefits.

iv) Time off due to personal illness vs. time off for public health

Employers and workers' compensation carriers will rely on the medical authorization of a disability to determine return-to-work. Ideally, there will be no difference between whether a person is out due to personal symptoms, or whether he/she is out for the purpose of public health. Both timelines should be included in a return-to-work document provided by a healthcare professional.

Agencies should review their policies and collective bargaining agreements as they pertain to leave status and return to work considerations.

v) Volunteer Firefighters

Any accepted workers' compensation claim for a volunteer will compensate the volunteer for time loss from their regular employment plus the assumed monthly wage. If a volunteer is self-employed only the assumed wage will apply.

vi) Workers' Compensation resources

Workers' compensation carriers will evaluate all claims filed for benefits in accordance with established policies and procedures. Carriers may need to identify the source of an exposure and what, if any, PPE was used.

12) Isolation and Treatment

i) Homecare

Employees who elect and are eligible for homecare isolation should consider having their residence evaluated by state or local health department staff. This consultation can be through phone contact and should not require a site visit. This decision will be made based on the severity of the illness and the availability of appropriate caregivers. Additionally, the ability of the patient to be isolated to minimize the risk of pathogen spread must be determined.¹⁶

ii) Healthcare Facility

Employees under quarantine who exhibit signs of contagion will be evaluated for the need to transfer to a healthcare facility for treatment if they cannot be treated through homecare.

13) Continuity of Operations Considerations

- i) The essential functions of each agency must be established before the arrival of contagious pathogens. In addition to identification of essential functions, each organization should also consider the impact to business operations due to a disruption in workforce. Each agency

¹⁶ CDC, "CDC Guidance for Home Care."

should identify at what staffing level would the operations of the fire agency be impacted to the point where essential functions cannot be completed.

Requesting support through State Mobilization plan is a possibility in the event of an infectious disease that impacts responder workforce and limits the essential functions of the fire agency. It is strongly recommended that Fire Defense Board Chiefs participate in regular reporting and communications to maintain the solvency of the conflagration process.

14) Advanced Actions for Fire Chiefs

i) Personal protective equipment

Agency leadership must encourage the proper wearing of personal protective equipment as a measure to ensure employees are safe from the spread of pathogens. Departments must provide proper equipment and regular training on the application, donning, and doffing of PPE.

ii) Mutual aid agreements

Agencies should consider reviewing mutual aid and automatic aid agreements with partner agencies before pandemic pathogens are present in their community. The presence of infectious disease in a community should not disqualify mutual aid.

iii) Facility use agreements

If an agency is intending to use a facility as a quarantine center, completion of facility use agreements should be in place before the emergence of infectious pathogens.

iv) Labor Management

Conversations and agreements should be in place between labor groups and management teams that address quarantine policies and expectations.

v) Medical officers

Agency leadership should have clear expectations for and from district medical directors and county health officers.

vi) Legal department

There are many legal parameters within this guidance on quarantine. Leaders should have regular discussions with legal professionals to protect the employees, fire agencies, and communities.

vii) Volunteer Firefighters

Agency leaders should be proactive with volunteer firefighters to provide expectations and guidance regarding potential quarantine. Outreach to employers directly by the Fire Chief can help provide clarity on this expectation and why quarantine will keep communities safe.

viii) Coordination with County Health Partners

There must be a willingness to share information from fire service agencies to the county health organization and back to the agency. Leaders should work to remove legal or ethical

roadblocks to the sharing of information from source patient testing and responder isolation. Create points of contact who understand their responsibility when reporting testing results of source patients to fire service agencies to update employees in isolation or quarantine.

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