

Anchorage Fire Department



COVID-19 Occupational Health and Safety Manual

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Purpose

The COVID-19 Occupational Health and Safety Manual (COHSM) is the AFD’s core reference guide for memos, directive’s, and other correspondence related to the health and safety of all employees during the COVID-19 pandemic.

The COHSM may contain Administrative and Operations directives sent by memo that include updated language in the time since original release, and the COHSM should be referenced as the most current source for that information. The manual is not intended to replace, but may contain supportive materials, for Operational response guidance such as the [AFD Special Protocols for COVID-19](#).

Policy

The COHSM is a living manual developed to assist employees and supervisors ability to navigate the rapidly changing environment the Department is currently working under. This manual is subject to change at any time when new guidance is released from the AFD Administration, HSO, Medical Director and other governmental and public health authorities.

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Definitions

Close Contact: The CDC defines close contact as being within approximately 6 feet of a COVID-19 case for a prolonged period of time or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

COVID-19 Testing: Currently requires prescription and person must be symptomatic. Reference Dr. Levy's brief for further information on testing – [COVID-19 Testing Explained](#).

Exposure: Employee close contact with patients, co-workers, family members and others who are symptomatic of illness and/or suspected of, tested and pending results, or laboratory confirmed with COVID-19 infection. Levels of risk exposure are categorized as High, Medium, Low and No Identifiable Risk with employee use of PPE or lack of.

Isolation: Off work employee who is symptomatic or is laboratory-tested positive COVID-19 and under Public Health Order to be isolated from others. Location may be at home or an AFD-designated site.

Quarantine: Off work employee who is asymptomatic and under AFD work restrictions or Public Health Order to self-monitor and follow social distancing while on work restriction. Location may be at home or an AFD-designated site.

Self-Isolation: Employee has symptoms and is voluntarily isolated from others.

Self-Monitor: Employee monitors them self for symptoms; including taking a temperature twice a day, using social distancing, and other infection preventative and control measures.

Work Restriction: Employee not at work, quarantined, and must self-monitor for symptoms. Length of work restriction determined by CDC, DHSS, AHD, or AFD guidance.

On-Duty Screening and Surveillance of Personnel

All personnel shall undergo a screening process before starting each shift or work period. Please follow the process below without exception as you report for duty:

1. **For all fire stations and administrative buildings, every door is an exit, but there is only one dedicated entrance. Each entry location should have notification with instructions on how to proceed into the facility.** For AFD, Senior Captains are responsible for placarding Fire Station entrances and the designated screening location. For other work sites the designated Facility Manager is responsible.
2. At the beginning of every shift, employees entering the station or work site shall complete a screening and self-check at the designated location to determine if "sick" or "not sick." Each member must notify the Company Officer, Lead Dispatcher or 40-hr Supervisor verifying they have completed the self-check. The Company Officer, Lead or 40-hr Supervisor should:

- a. Designate an entry point and screening area for oncoming crew members to enter the work site. A [screening checklist](#) may be printed and posted at the site to assist in the process. Alcohol-based hand sanitizer should be available at the entry point for use.
 - b. Establish a process wherein *members reporting for duty enter and screen one at a time in a controlled fashion*.
 - c. The on-duty Company Officer, Lead Dispatcher or 40-hr Supervisor are responsible to ensure members arriving to work and/or relieve the on-duty crews are following current out-of-state travel guidelines and the screening symptom criteria below.
 - d. Temperature screening:
 - SureTemp® Plus oral thermometer is the preferred device if disposable probe covers are available. FeverWatchers™ IR thermometer is second choice. Guidelines for best practices for FeverWatchers™ use is found in [Appendix A](#).
 - Fever (100° F or greater) – For 56-hr employees, temperature must be taken when arriving for duty, at the halfway point of the work period, and the end of the shift. For 40-hr employees, temperature must be taken only when arriving for duty.
 - **If lack of disposable probe covers dictate FeverWatchers™ becomes the primary device to be used, save remaining probe covers to repeat with SureTemp® if FeverWatchers™ reading is 100° F or greater.**
 - Employees are encouraged to bring a thermometer from home for personal use if available. As with the IR's, an employee that displays a temperature 100° F should be rechecked with the SureTemp® oral thermometer.
3. **For Company Officers, Lead Dispatchers, and 40-hr Supervisors: If an employee has one or more of the following new onset symptoms, they must immediately self-isolate or move to their personal vehicle. Notify the appropriate chain of command:**
- a. Cough, dry or with sputum production.
 - b. Shortness of breath or difficulty breathing.
 - c. Recorded fever of 100° F or greater, or experienced symptoms in the past 24 hours that could represent fever, such as unexplained chills.
 - d. Diminished sense of taste or smell.
 - e. Fatigue.
 - f. Headache.
 - g. Runny nose.
 - h. Sore throat.
 - i. Diminished sense of taste or smell.
 - j. Ongoing common cold or influenza-like illness.
 - k. Nausea or diarrhea.

- I. Muscle/joint aches or rigors of presumed infectious cause.
4. By reporting for duty and completing the screening, each member affirms to the Company Officer, Lead Dispatcher or 40-hr Supervisor that they do not have any of the symptoms listed above.
5. For 56-hr employees, at the halfway point and prior to the end of shift, the Company Officer should have each member reevaluate themselves by completing a self-check.
6. 56-hr employees are required to screen multiple times during their shift. 40-hr employees are required to screen once at the designated entry point at the beginning of their work day only.
7. **If an employee is “sick” and/or becomes symptomatic prior to starting or during the work period:**
 1. Immediately send them to their vehicle.
 2. **Contact the HSO at 907-223-4204 for guidance.**

AFD Fire Station and Worksite Single Point Entry Locations

All AFD and Municipal employees must use one entry point/door to enter all AFD facilities. The points of entry for our facilities are listed below:

- **Headquarters** - The main, east entrance into the museum, across from the main entrance door of Station 1.
- **Shop** - The front door to the shop by the break room.
- **Training Center** - West side of Building A (old Building) and the North Side of Building C (New building) – Do not access Building A from the Airport Heights entrance (East Side).
- **Dispatch** - The south facing door, facing E 80th Ave, with the blue awning over it.
- **Prevention** - The designated entry door for Fire Prevention is our normal 2nd floor reception entry. It is posted and has screening information and supplies.
- **Station 1** - West door, across from Headquarters.
- **Station 3** – North side of the building, entrance into the bay.
- **Station 4** – West side of the building from the back parking lot to the bay door next to medical supplies.
- **Station 5** – East side door (though dorm room area).
- **Station 6** - West bay door into the apparatus bay not (not the station door).
- **Station 7** - The north side of the building, front door.
- **Station 8** – North side door into the apparatus bay.
- **Station 9** - The west main entrance door. All other doors have been marked as non-entry.
- **Station 10** – East side door that goes through the bay, not the one into the station.
- **Station 11** – The entry door is on the north side of the building near the TV and dining rooms.
- **Station 12** - East side door by the bay doors. It is clearly marked as “entry” and all other doors are clearly marked “do not enter”.
- **Station 14** - The entry point for FS14 is the front door on the west side of the building (near the Captain’s office). The door is clearly marked as the entry point.

- **Station 15** - East side door, next to bay doors.

Chugiak VF&R Single Point Entry Instructions

- **Station 31** – The point of entry is through the southwest corner entrance into the workout room area.
- **Station 35** - The point of entry is through the back door into the foyer.

Chugiak requests that all personnel conduct the brief self-screening process before entering to reduce potential exposure. Self-assessment instructions and the necessary equipment will be easily identifiable on a table closest to these entrances.

Girdwood F&R Single Point Entry Instructions

- **Station 41** - The Turnout Entrance Door is the screening door. This is located on the north side of the building off the fire lane.

AFD Facility Isolation

Effective March 13, 2020 and at least through April 30, 2020, to reduce the opportunity of exposure or spread of the coronavirus, the following activities at AFD locations are canceled or postponed to a later date:

Facility visits not related to conducting business include, but not limited to:

- Station tours.
- Station dinners.
- Visits from emergency responders from other departments.
- Vendor drop-ins.
- Observation Program (Ride-a-Longs).
- Car seat inspections and bike helmet giveaways.
- Family visits.
- Off-duty employees.
- Former employees such as retirees.
- In-station training for non-employees.
- Any other activities which could potentially expose our employees to the virus.
- Donations of food from local restaurants. If contacted by a restaurant or other entity wishing to donate food to the Department, please suggest that they provide the food to the Food Bank or another local charity that is distributing food to those in need.

AFD Dispatch and Maintenance Shop Access for Business

Limit visits with Dispatch and the Shop to immediate emergencies that requires your presence. Both these work groups are critical with limited personnel and we should all try and reduce their exposures.

AFD Data Systems Access for Business

In an effort to keep the AFD Data Systems team fully operational, we are implementing the following guidelines:

- Restricted access to the team's work area at upstairs in St. #12.
- A drop off and pick up location for equipment is located outside of the Dispatch BC's office has been set up (St. #12 Admin side, back of building). If you are dropping off or picking up equipment, please use this location instead of entering the work area upstairs.
- Significantly restricted in-station or hospital in-person technical support.
- Limited staff on site at St. #12.

The best way to notify Data Systems of an issue is to email the team at AFDDS@muni.org. the daytime tech support number is (907) 343-7377. Calling or emailing individual staff may result in a delay in response.

Mayor's "Hunker Down" Mandate and Self-Distancing

Effective March 23, 2020, with the Mayor's hunker-down mandate the following are in effect:

1. While at work we need to aggressively practice social distancing as much as possible.
 - a. Have station meetings in the apparatus bay or outside if weather permitting.
 - b. Hold 40-hour staff meetings via MS Teams.
 - c. Cook and eat in shifts and maintain a 6-foot social distancing as much as possible.
2. It is strongly encouraged to limit leaving from your stations or work sites for other than emergency responses or assigned work. Approved trips:
 - a. To the grocery store.
 - b. Work-related errands.
3. Work out rooms – Please remember that we have the only open gyms in the city.
 - a. Exercise is important for your physical and mental wellness, so it is encouraged for all personnel.
 - b. One member at a time in the gym.
 - c. Decontaminate all equipment before and after your workout.

Housekeeping Measures for AFD Fire Stations and Worksites

Guidance on housekeeping and infection control at all AFD worksites can be found in Section 7: Housekeeping Procedures of [*P&P 200-03 AFD Operations During Epidemic and Pandemic Emergencies*](#). Social distancing within the workplace is imperative for a healthy workforce.

In addition to language contained in Section 7, emphasis also needs to be made on disinfecting AFD computer terminals and associated hardware found in the hospital ED's. Strong consideration should be made to completing reports back at the station when social distancing is not possible in the EMS rooms.

As referenced in Section 7, the practice of communal foods should be discontinued in the fire stations and worksites. Examples include popcorn machines, fruit baskets, and other open foods. Pay attention to ice makers and only use the dispenser versus sticking hands in the cube bin. It is unknown if freezing temperatures will neutralize SARS-CoV-2, the virus that causes the COVID-19 infection. It is known human coronaviruses in general do live longer on surfaces in cool temperatures. Do not eat in the EMS break rooms in the hospital ED's.

[Appendix G – Facility Decontamination and Disinfectant Use](#) provides further information, and a template for [facility cleaning checklist](#) can be downloaded for use at the worksite.

The Louisiana State University has a short video called [Safer at Home](#) with safety tips first responders can use before or after shifts to minimize the risk of introducing SARS-CoV-2 into the home. A similar [checklist](#) can be downloaded as well.

Behavioral Health and Wellness During Epidemic and Pandemic Events

Section 8 of P&P 200-03 contains information on behavioral health and wellness for events such as COVID-19. This is an important enough topic to be repeated within the COHSM:

- It is human nature and is normal to feel scared, confused, sad, angry and/or stressed during extreme events such as epidemics and pandemics.
- Maintain a healthy lifestyle including proper diet, sleep, exercise and social contact by email or phone. Talk with trusted coworkers, family, and friends.
- Do not use alcohol, tobacco, or other drugs, including the misuse of prescribed medications, to deal with emotions.
- Get the facts and utilize credible sources of information such as local, state, and federal public health agencies. Gather information that assists in the accurate determination of the risks and provides reasonable directives and advice.
- Limit unnecessary worry and agitation by lessening exposure to social media and news coverage that is upsetting or inaccurate.
- Utilize personal skills used in the past that helped manage life's adversities and use those skills to help manage emotions (e.g., meditation or other grounding techniques).
- Family members, especially children, respond to stress differently than public safety professionals. Extra time and attention will be needed for families.
- If overwhelmed, contact an AFD Peer Support Team member for assistance in resource navigation, or just to talk. Other options include but are not limited to utilizing the MOA's Employee Assistance Program (EAP) provider, a medical professional, counselor, or chaplain.

A resource list covering the spectrum of care for behavioral health and substance use disorders is included for reference in [Appendix I](#).

COVID-19 Occupational Exposure Assessment

High-Risk Exposure: Provider was not wearing eye protection and/or was unmasked and had prolonged (> 5 min) close contact to materials potentially infectious with SARS-CoV-2 from a presumed or laboratory-confirmed COVID-19, who was not wearing a facemask as a source control measure, or was coughing or sneezing at any point during close contact. Another High-Risk Exposure is when the provider was not wearing eye protection and/or was unmasked while present in confined space (such as a room) or in the ambulance patient compartment while an aerosolized procedure such as endotracheal intubation, nebulized medication, CPAP, CPR, high-flow O₂, BVM ventilation and/or suctioning is performed.

Medium-Risk Exposures: Provider who was unmasked and who had prolonged close contact (> 5 min) to materials potentially infectious with SARS-CoV-2 from a presumed or laboratory-confirmed COVID-19, who was wearing a facemask as a source control measure. Some Low-Risk Exposures are considered Medium-Risk depending on the type of patient care activity performed. For example, a provider who was wearing a gown, gloves, eye protection and a surgical mask (instead of N95 respirator) during an aerosol-generating treatment or procedure would be considered to have a Medium-Risk Exposure. If an aerosol-generating procedure had not been performed, they would have been considered Low-Risk.

Low-Risk Exposures: Generally refer to a brief interaction to materials potentially infectious with SARS-CoV-2 from a presumed or laboratory-confirmed COVID-19, or prolonged close contact (> 5 min) with a symptomatic patient who were wearing a facemask for source control, while the provider was wearing only a N95 respirator. Use of eye protection in conjunction with a surgical mask or N95 respirator would remove the lower risk of exposure.

Post-Exposure Guidance

High-Risk and Medium-Risk Exposures

Once notified of a High- or Medium-Risk Exposure, the HSO will consult with the Medical Director to evaluate placing the employee on work restrictions for up to 14 days post-exposure. Employees should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 infection.

Low-Risk Exposures

Employees in this category are not restricted from duty. Providers in the low-risk category should self-monitor for 14 days post-exposure. Employees should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 infection.

If the employee develops symptoms, they should immediately self-isolate from others and notify the HSO for further guidance. An employee who subsequently has a laboratory-confirmed positive test for COVID-19 will be placed in isolation and managed by a public health nurse from the AHD.

Providers Who Adhere to All Recommended Infection Prevention and Control Practices

Proper adherence to currently recommended infection control practices, including all

recommended PPE, should protect the employee. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, employees should still perform self-monitoring as described under the Low-Risk Exposure guidance above for the duration of the COVID-19 pandemic. **Note:** This situation does not constitute a reportable Exposure.

No Identifiable Risk Exposure

Employees with *no identifiable risk* do not require Safety Officer investigation for exposure.

COVID-19 Testing Protocol

COVID-19 testing will be offered for symptomatic employees under the following conditions:

Indications: Employee becomes symptomatic while on post-exposure work restrictions, flagged during on-duty screening and surveillance, or becomes symptomatic while on or off duty.

Current SOA Symptomatic Definition for Testing Purposes:

- New onset of any 1 of the following:
 - Cough, shortness of breath, or difficulty breathing;
- (OR)**
- New onset of 2 or more of the following:
 - Chills, diminished sense of taste or smell, diarrhea, fatigue, fever (100° F or greater), headache, muscle/joint aches, nausea, rigors, runny nose, sore throat, or sputum production.

COVID-19 Testing: Currently requires prescription that will be provided by Dr. Levy. Contact the HSO for guidance.

Testing Procedure: Currently obtained as a single nasal swab.

Location for Testing: Anchorage Drive Through COVID-19 Testing (Lake Otis Pkwy and 42nd Avenue). Mat-Su Valley drive through testing locations do not accept referrals.

COVID-19 Off-Duty Exposure Assessment

There are situations in which an employee may be exposed to COVID-19 while off duty during this pandemic. The following are the most common situations reported by employees to AFD leadership requesting guidance for returning to or remaining off work.

Travel-Associated Exposures

On March 23, 2020, Alaska Governor Mike Dunleavy and the DHSS released [COVID-19 Health Mandate 010: International and Interstate Travel, Order for Self-Quarantine](#). Effective at 12:01 on March 25, this is an encompassing mandate with monetary and civil penalties for non-compliance.

All residents arriving in Alaska are required to self-quarantine for 14 days and monitor for illness. Arriving AFD employees will be placed on work restrictions for this period and will self-monitor following DHSS guidelines in the linked document.

AFD employees are strongly encouraged to curtail out-of-state travel to reduce the need to require travel quarantine. Those who begin travel out-of-state after Friday, March 20, and are required to quarantine upon their return, will be required to use ASL to cover their time. Please route any questions through your chain of command.

Family, Roommate or Community-Associated Exposures

The following provides guidance for common situations encountered by employees who've had a potential exposure to an ill family member, roommate, or another community-associated risk.

Exposure to Persons Exhibiting Symptoms or Positive for COVID-19 Infection: Per CDC guidance, brief interactions with persons exhibiting symptoms of COVID-19, to include walking by them or being in the same room, poses no identifiable risk to the employee, even if the person is laboratory-confirmed positive for the COVID-19 infection.

There are similar levels of exposure risk for employees with close and direct contact with sick family members and roommates as found in the COVID-19 Occupational Exposure Assessment above. This includes family members and roommates with pending COVID-19 test results. If the family member or roommate has been self-isolating, the employee is at low risk for infection. In these instances, the employee should contact the HSO for guidance, however, if the employee is not sick themselves, then self-monitoring, social distancing, and frequent handwashing is all that is required. The Well-Health Housing Program is an option for employees to consider with sick family members at home.

Contact-of-Contacts Exposure: The CDC currently does not recommend any special management for employee's exposed to asymptomatic people who in turn had a potential exposure to another symptomatic or laboratory-confirmed positive COVID-19 person.

Family Member or Roommate on Out-of-State Travel Quarantine: Employees are cleared to work but must practice social distancing and good hand washing techniques while at home with a family member or roommate on a 14-day self-monitoring period upon arrival back in Alaska.

Well-Health Housing for MOA Public Safety Employees

Deputy Chief Brian Keene, in coordination with MOA Emergency Operations Center (EOC), has established the Well-Health Housing Program for Municipality of Anchorage Public Safety Employees and Fire Department Volunteers. Contracts have been completed with Courtyard Anchorage Airport by Marriott at 4901 Spenard Road, the Alyeska Resort in Girdwood.

At the direction of the Mayor, the program is now serving healthy essential emergency responders who are choosing to stay away from their home to either shield their family or themselves to maintain operational resilience, and serving members who have been exposed or potentially exposed and/or are symptomatic and in quarantine awaiting COVID-19 test results

or symptom relief, and are choosing to stay away from home to protect their family. The room costs are incurred as part of the MOA COVID-19 response.

The program is committed to maintaining separation of healthy and quarantined personnel by grouping individuals based on reason for lodging, i.e., healthy in one section of the hotels, guarded conditions in another section.

Each room has a mini-fridge, microwave, coffee maker and internet in each room. Food can be delivered to your front door from local eateries. The fitness rooms and pools are closed. Any charges above the room cost (incidentals), including pay-per-view, room service, etc., is the responsibility of the employee unless they have made previous arrangements with their supervisor and the Well-Health Housing Program Coordinator.

There are a limited number of rooms and the EOC is moving towards housing addition emergency responders and healthcare workers. An employee can usually be placed within an hour. If the employee is planning on scheduling housing ahead of time, notify the program coordinator and the room can be set up prior to arrival.

Any employee using one of these rooms will fall under all Municipal employee policies and procedures. These rooms are being provided as single occupancy to ensure the health of our Public Safety Employees. These rooms are not being provided to family members or subletting while employees are on shift or assignment.

A room request or questions may be directed to the following email link: [All Employee Housing Questions or Requests](#). Captain Jason Dolph has been designated as the Well-Health Housing Manager and is linked to the email address or can be contacted via cell phone at (907) 317-5833.

To make a room request, Captain Dolph will need the following information: Name, Phone Number, Email Address, Date of Birth, Anticipated Check in Date/Time, Hotel (Marriot or Alyeska) and Status (Healthy, Symptomatic awaiting COVID-19 test results, etc.). The information the employee provides is kept confidential.

Return to Work Flowcharts

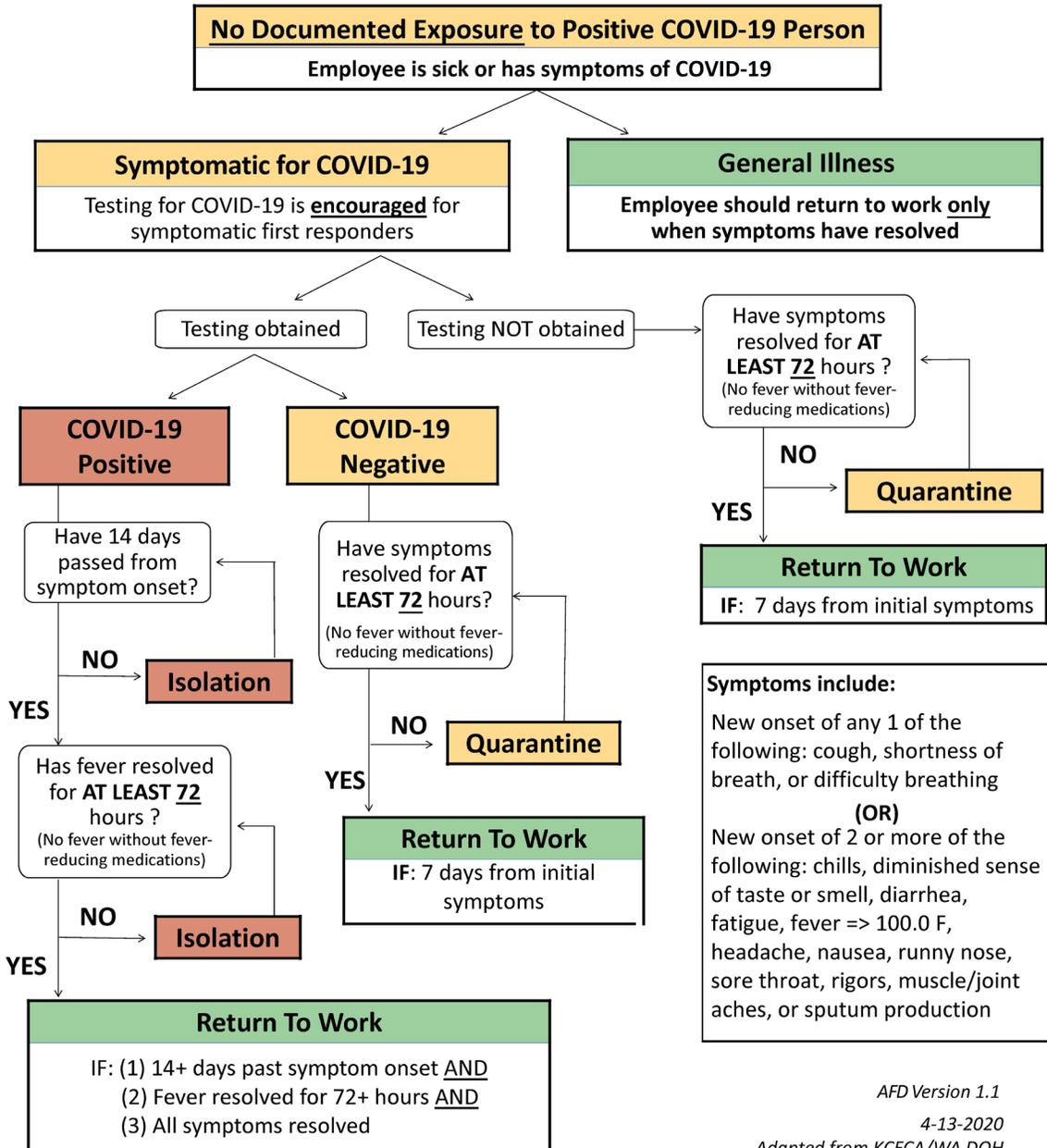
The Return to Work flowcharts on the next two pages will be used to help navigate employees who are sick or who are symptomatic for COVID-19 but have no documented exposure to a COVID-19 positive person or have a positive COVID-19 test themselves.

Individual cases may require review and specific modification if there are special circumstances. The decision to discontinue work restrictions and allow a return to work will be made on a case-by-case basis in consultation between the HSO and Medical Director. This flowchart is subject to change with evolving CDC guidance. An employee whose laboratory-confirmed test is positive for COVID-19 will be subsequently managed by a public health nurse from the AHD.

Return to Work Flowchart – Sick or Symptomatic Employees with No Documented Exposure



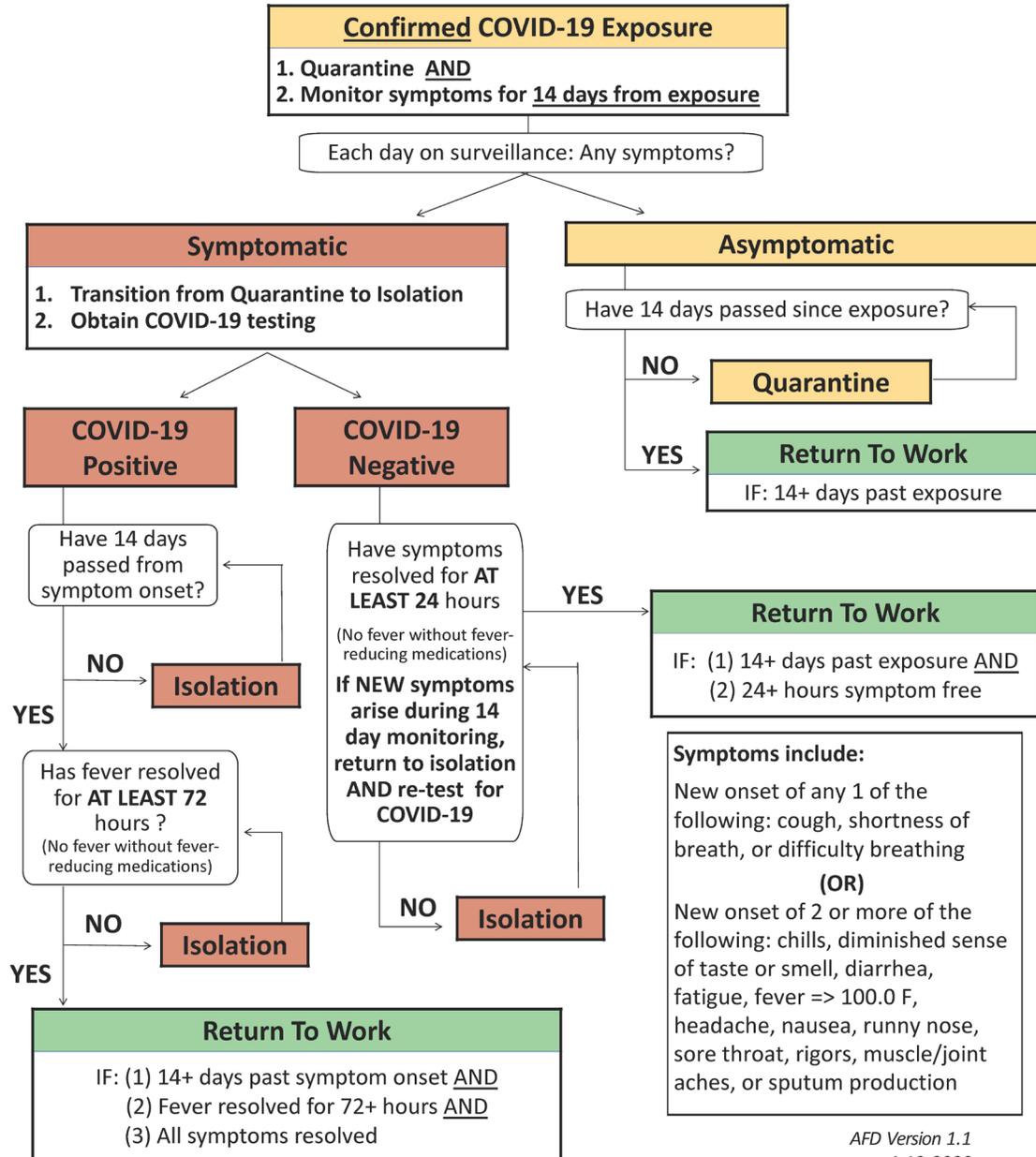
Anchorage Area Wide EMS Guidelines for Return to Work NO DOCUMENTED EXPOSURE



Return to Work Flowchart – Confirmed Exposure



Anchorage Area Wide EMS Guidelines for Return to Work **CONFIRMED EXPOSURE**



AFD Version 1.1
4-13-2020
Adapted from KCFCA/WA DOH

Alaska Workers' Compensation Act – COVID-19

1. Under the new Alaska Workers' Compensation Act amendment that covers claims due to COVID-19 exposures and illnesses, first responders whom are employed or are volunteers with registered fire departments are conclusively presumed to have contracted an occupational disease arising out of and during their course of employment under the declared public health disaster declared by Governor Dunleavy on March 11, 2020.
 - a. This coverage is in effect when the AFD first responder is exposed to COVID-19 in the course of employment and receives one of the following:
 - i. A COVID-19 diagnosis by a physician;
 - ii. Presumptive positive COVID-19 test result; or
 - iii. Laboratory-confirmed COVID-19 diagnosis.
 - b. If an employee has no documented exposures to a COVID-19 patient, but meets one of the three criteria listed above, the AFD will submit an Exposure Report based on known occupational risks for COVID-19 to MOA Risk Management for determination of compensability.
 - c. For AFD responders, once positive test results and a confirmed diagnosis is received by Risk Management, separate from the statutory requirement, the MOA will also look at a strictly voluntary payment of retroactive benefits from the date the employee was quarantined under Physician orders until the positive test and diagnosis was made.

Appendix A – Thermometers

Best Practices for Use of FeverWatchers™ InfraRed (IR) Thermometer

Safety Precautions:

- Use only in ambient temperature range from 50° F and 104° F.
- Don't touch glass covering the IR lens with your fingers.
- Clean glass with cotton swab and 70 proof isopropyl alcohol.
- Do not use device outside or expose to sunlight.
- Only use alkaline batteries.
- Avoid impacts such as dropping or hitting.

Best Practices:

- Ensure setting is in "Body Mode."
- Measurement is taken immediately upon activation.
- Use on forehead over the right temporal region at a distance of 2 inches.
- Squeeze trigger once and temperature will be displayed in one second.

Constraints:

- Clear hair from forehead.
- Wipe away perspiration from forehead.
- Avoid any airflow (heaters, air conditioning).
- Allow one minute between measurements.

- Needs to acclimate for 15 to 20 minutes prior to use if outside ambient temperature range.
- Alarm threshold default is 100° F
- From 96.8° F to 102.2° F, variance may be +/- 0.2° F.
- Females can have a higher temp based on menstrual cycle or pregnancy of +0.9 F°.

Welch Allyn SureTemp® Plus Oral Thermometer Cleaning and Disinfecting Guidance

****Clean and Disinfect After Each Use****

Cleaning and Disinfecting the Thermometer and Probe

Wipe the thermometer and probe with a Department-approved disinfectant, or with a cloth dampened with a 1:10 sodium hypochlorite (bleach) solution or 70% or greater isopropyl alcohol solution as the active disinfection ingredient.

Caution: DO NOT immerse or soak the thermometer or probe in any type of fluid.

Caution: DO NOT use steam or heat on the thermometer or probe.

Cleaning and Disinfecting the Removable Probe Well

Remove the probe well from the unit. Unplug the latching probe connector to prevent the device from consuming battery power while you are cleaning the probe well.

- Clean the inner surface of the probe well by swabbing the surface with a Department-approved disinfectant, or with a cloth dampened with a 1:10 sodium hypochlorite (bleach) solution or 70% or greater isopropyl alcohol solution as the active disinfection ingredient. Clean the probe well's outer surface by swabbing or wiping the surface with one of the solutions mentioned above.

Caution: DO NOT use hard or sharp objects to clean the probe well. This could damage the probe well and cause the unit to not function properly.

Caution: DO NOT use steam or heat on the probe well.

- Thoroughly dry all surfaces before re-assembling the instrument.
- Re-connect the latching probe connector to the thermometer. Ensure that the connector snaps into place.
- Re-install the probe well in the thermometer and snap the probe well into place.
- Insert the probe into the probe well.

Appendix B – Ambulance Ventilation Techniques

Captain Scott Paschall spent several shifts studying proper methods of isolating the ambulance cab from the patient care compartment. Below are best practices he has identified.

1. Remove gray cushion above passthrough opening, just grab an edge and pull. It is held with reusable industrial Velcro.
2. Cut a piece of visqueen that is equal to or slightly larger than the red cover. You can cut it taller but not wider. Cut several and store them in an exterior compartment for later use.

3. Use duct tape or Tyvex tape and completely seal all 4 edges of the visqueen around the passthrough opening. This must be a complete seal and may require following contours for adhesion. Use as much tape as required and don't be afraid to overlap layers to confirm a good seal.
4. Turn on the patient compartment exhaust fan to high, you should hear it spool up. Open the module side entry door window.
5. Turn on Heat/AC in the cab and confirm it is not in recirculating mode. This will maintain a clean cab as long as windows stay up.
6. Visqueen should "suck" back toward patient compartment. This can be checked periodically to confirm no air is coming from the patient module.
7. Replace barrier as per [AFD Special Protocols for COVID-19](#) and leave in place for next response.

Note: As long as the cab's Heat/AC is set to high (not recirculating) and the front doors/windows are closed, the settings used in the patient compartment will not send any air into the front/cab.

Appendix C – Crisis Reuse Strategies for N95 Respirators and North Half Mask Cartridges

To flatten the destructive curve on our limited supply of N95 respirators and North half mask HEPA filter cartridges, the AFD will implement a re-use policy under identified circumstances.

Always avoid touching the outer surfaces of the respirator or cartridges during direct patient contact or during aerosolized procedures and doff respirators in a careful and deliberate manner. The key consideration for safe extended use is that the respirator must maintain its fit and function.

Other options for the decontamination and reuse of North filter cartridges are presently being explored.

Respiratory Protection Levels and Reuse of Facemasks, N95, and North Cartridges

- N95 respirators and face shields will be worn on all patient contacts within the 6-foot perimeter and in confined spaces (Hot Zone).
- It is recommended face shields are worn in Cold and Warm Zones in the event close or direct patient contact maybe be required of personnel.
- Limit personnel who have initial contact with all patients in the Hot Zone to one responder if safe to do so, and until they determine equipment and personnel needs.
- Reuse of N95s utilized in the High-Risk PPE - Hot Zone has been rescinded in an overabundance of caution or until the N95 stock levels become critical again.
- Always avoid touching the outer surfaces of the respirator or cartridges during direct patient contact or during aerosolized procedures and doff respirators in a careful and deliberate manner.
- The key consideration for safe extended use is that the respirator must maintain its fit and function.

- The [Respiratory Protection Levels and Reuse Chart](#) below can be download and printed for reference.

<u>Fabric or Surgical Mask Use</u>	<u>Mask Type</u>	<u>Reuse of Mask</u>
All personnel will wear fabric or surgical masks when out in public	Homemade Fabric or Surgical Mask	
All personnel recommended to wear fabric or surgical mask in the workplace – if not wearing mask, must remain isolated from others	Homemade Fabric or Surgical Mask	
Fabric or surgical mask placed on all patients (Hot Zone)	Homemade Fabric or Surgical Mask	
<u>Proximity to Patient During Encounter</u>	<u>Respirator Type (w/ Order of Preference)</u>	<u>Reuse of N95 and Cartridge Filters</u>
Remains outside of 6-foot perimeter and confined spaces (Cold Zone ; Warm Zone) – no close or direct patient contact	N95	
Within 6 feet of <u>all Low-Risk PPE</u> patients and confined spaces - provider must be wearing face shield for N95 reuse (Hot Zone)	N95	 
Within 6 feet of <u>High-Risk PPE</u> patient (Hot Zone)	<ol style="list-style-type: none"> N95 North Half Mask 	
All aerosol-generating treatments and procedures, includes all cardiac arrests (Hot Zone)	<ol style="list-style-type: none"> North Half Mask N95 	

Guidance for the Reuse of N95 Respirators and North Half Mask Cartridges

- Discard N95 or cartridges following aerosol-generating procedures and cardiac arrests.
- Discard N95 or cartridges contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Face shields used in conjunction with N95 and masking the patient will reduce opportunities for surface contamination of the respirator.
- Hang used N95s in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. AFD Logistics will have paper bags (without wax inner lining) available this week.
- Hang decontaminated North Half Masks with filters in a designated area.
- To minimize potential cross-contamination by another employee, store N95s and North Half Masks so that they do not touch each other and the person using the respirator is clearly identified.

- Use a clean pair of gloves when removing the N95 from paper bag, and before donning of N95 or North Half Mask to perform a user seal check and adjust fit.
- Avoid touching the inside of the N95. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene.
- The N95 will be discarded when any of the following situations occur:
 - The N95 has been used a total of 5 times, or
 - The user is not able to obtain a tight seal upon donning, or
 - Physical damage is noted or the elastic bands no longer provide tension to secure the N95 to the face.
- The North Half Mask cartridge will be discarded when any of the following situations occur:
 - The cartridge has been used a total of 5 times, or
 - Resistance is felt when breathing, or
 - Damage or deterioration of cartridge is noted.

Reference: <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Appendix D – Decontamination of Reusable North Respirators

Doffing and Decontamination Best Practices

PPE: Eye protection, EMS gloves.

Decontamination solution: Alcohol prep (70% alcohol).

Reusable half-mask respirators must be thoroughly decontaminated after each use, utilizing the following procedures:

General Doffing Instructions

1. Remove gloves, wash hands or use Alcohol-Based Hand Sanitizer (ABHS) if soap and water not available.
2. Apply clean gloves.
3. Reach behind neck and unclip neck strap.
4. Pull each end away from neck and while bending forward, pull mask from top of head and place on clean work surface.

If Working Inside Cold Zone

1. Follow General Doffing Instructions above.
2. Use ABHS on gloves. Allow to air dry.
3. Using alcohol prep pads, wipe down the exterior of the mask and the plastic on the 7580P100 cartridge. Allow to air dry.
4. Using new alcohol prep pads, wipe down the interior of the mask. Allow to air dry.
5. Remove gloves, wash hands or use ABHS if soap and water not available.

If Working Inside Warm or Hot Zones

1. Follow General Doffing Instructions above.
2. Remove cartridges and dispose of carefully in biohazard receptacle.
3. Use ABHS on gloves. Allow to air dry.
4. Using alcohol prep pads, wipe down the exterior of the mask and the plastic on the 7580P100 cartridge. Allow to air dry.
5. Use ABHS on gloves. Allow to air dry.

6. Using new alcohol prep pads, wipe down the interior of the mask. Allow to air dry.
7. Remove gloves, wash hands or use ABHS if soap and water not available.

Inspect the North half-mask respirator components after it has dried. A respirator with any damaged or deteriorated components must be repaired or discarded. Contact Air Resources at St. #8 for guidance.

Air Filter Cartridges (7580P100 Plastic-Shelled or 2097 Fabric Material)

1. The 7580P100 and 2097 cartridges may be reused as outlined in Appendix C above.
2. The cartridges can be identified by their purplish-red color (**magenta**).

Appendix E – Use of Facemasks in the Workplace and Out-in-Public

The Anchorage Fire Department has transitioned into the use of facemasks and respirators at all times while at work and on responses. This decision is based upon guidance from the CDC, Alaska’s Chief Medical Officer, the Alaska and Anchorage Area Wide EMS Medical Director, and the International Association of Firefighters. This does not indicate that measures such as social distancing, frequent hand washing and strict attention to not touching the face can be relaxed.

There are several primary reasons for this change, including growing evidence that transmission of SARS-CoV-2 is occurring from infected persons who are asymptomatic and others who are shedding the virus up to 48 hours ahead of symptoms appearing. These will be discussed in more detail in the [Facemask and N95 FAQ Sheet \(4.4.2020\)](#).

This new posture will cause a rapid change in our logistical needs. Surgical masks should be used by employees and the issued homemade fabric masks to be used on patients. Once the supply of surgical masks is exhausted, employees will need to transition to the homemade fabric masks as well.

Guidance for Fabric or Surgical Masks at Worksites

- Once issued, employees are advised to wear their facemasks while in the fire station or other worksites and when in out in public only when its critically necessary.
- Employees may consider changing facemasks every 8 to 12 hours while on shift, depending on their level of activity. Also, change masks if they are soiled. Discard if damaged.
- Updated disinfection guidance:

- Washing Machine – If fabrics construction allows for it, run on hot temperature (>= 140° F). If hot water heater is set at a lesser temperature, use chlorine or color-safe bleach to help disinfect. Use high heat in the dryer.
- Hand Washing - Lather the fabric with hot water and soap and scrub vigorously for at least 20 seconds. Use hot air to dry it or allow to air dry completely.
- Boiling Water – Place the mask in boiling water for several minutes using tongs to occasionally swirl the mask(s) around.
- Ironing – The mask may be ironed at high heat.
- Depending on the fabric used in its construction, they may be laundered at 120° F and put in the dryer.
- Employees that choose not to wear a facemask while at the fire station or other worksite will need to isolate themselves in their office, bedroom or other area where other employees are not present. Don a mask prior to leaving that area.
- Homemade fabric masks that display offensive graphics, words and/or phrases, sports team logos or product advertisements are not permitted.
- It's encouraged to construct your own fabric mask and stations may construct their own to display organizational, station and/or shift pride.
- When exiting the fire apparatus or ambulances on emergency calls, members should switch to the N95 and properly store their facemask until the call is over.
- In addition to donning a mask while on shift, prioritize social distancing throughout the workplace, including in the dining area/kitchen table. Minimize potential risk for infection as much as possible and practical.
- Employees are also strongly encouraged to wear a facemask while at home and off duty. If you are not comfortable wearing a mask at home, then ensure you are practicing social distancing, exercising proper hand hygiene and disinfecting surfaces.
- Do not take your work facemask home. Leave it at work.
- Continue self-monitoring both on and off duty.

Appendix F – Tyvek® PPE Donning and Doffing

Decon Supplies

1. Cavicide or similar disinfectant spray.
2. Hand sanitizer (at least 60% alcohol).
3. Biohazard trash bag or receptacle.
4. Spot to decon reusable PPE (large clear trash bags laid open will work).
5. XL gloves for changing prior to removing goggles and mask.
6. Cavicide wipes only if gross contamination on hands.

Doffing Sequence

1. Sanitize gloves.
2. Remove face shield and set in decon area.
3. Sanitize gloves.
4. Unzip Tyvek® suit.
5. Roll back hood, work suit off shoulders, and roll suit down to boots.
6. If wearing double gloves, you can remove sleeves/outer gloves now.
7. Continue rolling suit down over boots and carefully pulling boot out.
8. If wearing single gloves, remove inverted sleeves/gloves now.

9. Doff inner gloves if wearing.
10. Sanitize hands.
11. Put on fresh gloves.
12. Remove goggles touching ONLY the strap in the back.
 - a. If you think you touched anything else, sanitize gloves.
13. Remove mask touching ONLY the straps in the back.
 - a. Remove lower strap over the head, then upper strap.
14. Doff gloves.
15. Sanitize hands.
16. Have Doffing Monitor spray bottom of boots as you exit doffing area.
17. The Doffing Monitor will spray decon the reusable PPE (goggles, mask, faceshield).

Appendix G – Facility Decontamination and Disinfectant Use

While the known method of transmission for SARS-CoV-2, the virus that causes COVID-19, is person-to-person through droplets, studies on surface-to-person transmission have been conflicting. Until we learn more about the virus, it must be assumed surface-to-person transmission of SARS-CoV-2 is occurring. People who touch surfaces or objects contaminated by droplets containing the virus, and then touch their mouth, nose or eyes, may become infected.

In laboratory experiments, SARS-CoV-2 has been found to survive the longest on plastics and stainless steel. While the virus “half-life” on these surfaces is roughly 5 and 6 hours respectively, meaning half the number of virus particles were dead, trace numbers of live virus were detectable out to 72 hours. A small hospital study found live virus on frequently touched surfaces as well. Therefore, it’s important to decontaminate surfaces with something that can neutralize (kill) the virus. There is some good news here as the family of human coronaviruses is extremely susceptible to chemical disinfectants.

AFD [P&P 200-02 Infectious Disease Prevention and Control Program](#) and [P&P 200-03 AFD Operations During Epidemic and Pandemic Emergencies](#) are good resources for guidance on biological decontamination and worksite housekeeping measures. A brief reminder on decontamination for worksites (fire stations, administrative and support locations) is included below. It is highly recommended fire stations do a full clean twice a shift – before shift change and half-way through the shift - and ad hoc as necessary. Dispatch should do a full clean at shift change and other worksites at least one a day in the morning at a time determined by the supervisor.

Note: Crews shall always wash their hands before entering the living sections of the stations after responses or when working in the apparatus bay on the vehicles and equipment.

- Always wear gloves and eye protection while cleaning and using disinfectants.
- Follow manufacturer’s instructions for application and proper ventilation.
If surfaces are dirty, they should be cleaned first using soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered and labeled household disinfectants approved against emerging viral pathogens, or at a minimum the human coronavirus.

- Diluted household bleach in water solutions can be used if appropriate for surfaces.
 - Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
 - Prepare a bleach solution by mixing 5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water (follow manufacturer’s directions).
 - OSHA recommends diluted bleach solutions are prepared daily and allowed to sit for 30 minutes prior to use.
 - Label any container used for diluted bleach solution as “Bleach – Do Not Mix with Other Chemicals.” See infographic below from AFD CRRC Mia Carson on dangers with mixing chemical cleaners.
 - Apply to surfaces and allow to sit for at least 3 minutes.
 - Then wipe the surface with a paper towel and do a final wipe with a soap and water moistened towel. Leave no standing water.
 - Used paper towels and gloves can be placed in the standard trash receptacles and do not need to fill the biohazard receptacles.

Lysol and Clorox disinfecting wipes are common within AFD facilities and are preferred. In the table below are some brands that are appropriate for use in our facilities per Safety Officer Grella. It is confusing out there on what can be used for general housekeeping versus used for other purposes, so contact the Safety Officer for assistance in selection as necessary.

Also realize that diluted bleach solutions may become the “go-to” in this pandemic, dependent upon whether the manufacturer capabilities can meet the demands.

Clorox 4-in-1 Disinfectant Spray	Oxycide Daily Disinfectant and Glass Cleaner
Clorox Disinfecting Bathroom Cleaner	Peak Disinfectant Wipes
Clorox Multi-Surface Cleaner + Bleach	Peroxide Multi Surface Cleaner and Disinfectant
Clorox Commercial Solutions	Peroxide Disinfectant and Glass Cleaner
Clorox Disinfecting Wipes	Purell Multi-Surface Disinfectant
Klercide 70/30	Purell Professional Surface Disinfectant Wipes
Lysol Brand Bleach Multi-Purpose Cleaner	Sani-Prime Germicidal Disposable Wipe
Lysol Disinfectant Spray	Sani-Prime Germicidal Spray



Appendix H – Guidance for Deceased Persons (11-29) with COVID-19

There is currently no known risk associated with being in the same confined space with the body of someone who died of the COVID-19 infection.

- The COVID-19 virus spreads primarily through respiratory droplets produced when an infected person coughs, sneezes, or talks, which is not a concern after death.
- If direct contact is required as part of the 11-29 assessment, personnel should wear the appropriate Low Risk PPE to avoid exposure to infected bodily fluids, contaminated objects, or other contaminated environmental surfaces.
- If personnel are on the scene prior to APD or other law enforcement arrival, or if a DNR order has been confirmed and no hospice care personnel are on location, family members should be advised to not touch the body.
- The Public Safety Chaplains have prepared themselves for 11-29 responses during the COVID-19 pandemic. Assist them as necessary to ensure proper PPE is being worn when they arrive on scene.
- Funeral home services within the MOA are trained and have taken the necessary precautions for handling the deceased remains of persons with COVID-19 infection.

Appendix I – Behavioral Health and Wellness Resource List

Behavioral health care spans a wide range of mental health, resilience and wellness programs, and substance use disorder treatment and recovery services to support employees, their families, and their communities.

While there are many governmental, private, non-profit, and faith-based entities that provide a wide-range of services for employees to access, it is daunting at best to navigate them all to find the right one at the right time. AFD PST members are invaluable to help navigate resources

and services and should be consulted to assist in determining what type of service(s) may be most beneficial for the employee's needs.

The following includes a selection of local and nationally recognized services and organizations which AFD employees may access for themselves, coworkers, and family members. Many have additional resource lists on their websites. This is not an all-inclusive list but provides a number of resources employees can access for assistance and increase their knowledge of behavioral health care.

- AFD Peer Support Team - Oversight provided by IAFF Local 1264.
- [Alaska Fire Fighter Peer Support](#) (1-844-825-3377) – Peer supporters who provide a safe, confidential, and non-judgmental environment where first responders can engage in healing conversations and information on accessing resources.
- [Alaska Police and Fire Chaplains](#) (1-907-272-3100) – APFC chaplains provide services to first responders regardless of faith, sex, race, etc., without personal agenda nor mission to proselytize, and focus on serving in the ways that will be most beneficial to those in need and suffering.
- [MOA Employee Assistance Program \(EAP\)](#) (1-844-221-3343) - Comprehensive, interactive service administered through ComPsych that provides expert content and unique tools to assist every aspect of life, all in a secure, easy-to-use, personalized environment.
Organization Web-ID: MOAEAP
 - Call for in-network counseling recommendations in local area. A list of providers will be emailed or verbally shared over the phone.
 - “In the Moment” Support – call and ask to speak to a licensed counselor. Will be transferred to guidance clinician or Hopeline 1-800-422-4673.
 - 8 sessions/year for AFD employees and their spouses and children.
 - Work Life Balances – One 30 minute consultation with financial planner or legal attorney and receive 25% off referral discount.
 - Family Source – Find child care, support groups, apartment hunting, elder care.
- [AFD Behavioral Wellness Committee](#) - Comprised of three representatives of AFD Administration and three representatives of IAFF Local 1264 to address AFD Behavioral Health direction and policy.
- [BetterHelp](#) – Licensed, experienced and accredited psychologists (PhD/PsyD), marriage and family therapists (LMFT), clinical social workers (LCSW/LMSW), and licensed professional counselors (LPC) that communicate via phone, video conferencing and live online chatting. \$40-70/week, billed monthly.
- [IAFF Center of Excellence](#) (1-877-634-1081) – 24/7 hotline available for IAFF members who are struggling with SUD, PTSD, and other behavioral health challenges.
- [Fire/EMS Hotline](#) (1-888-731-3473) – 24/7 hotline available to assist first responders with depression, suicide prevention, stress or anxiety, PTSD, relationship issues, work-related concerns, and stress caused by financial or legal concerns. Also known as Share the Load.
- [Safe Call Now](#) (1-206-459-3020) – 24/7 hotline for confidential, comprehensive, crisis referral services that are available to all emergency services personnel and their family members nationwide.

- [Frontline Helpline](#) (1-866-676-7500) – 24/7 hotline available with active and retired first responders with backgrounds in peer support, peer counseling, employee assistance, and crisis interventions.
- [Veterans Crisis Line](#) (1-800-273-8255) – 24/7 hotline with phone, online chat, and texting services by specially trained and experienced responders to help Veterans of all ages and circumstances.
- [Chris Kyle Patriots Hospital](#) (1-907-258-7575) – 24/7 assessment available and provides inpatient services for Alaskan first responders, military service members, and veterans who have experienced trauma in the line of duty or struggle with SUD.
- [National Suicide Prevention Lifeline](#) (1-800-273-8255) – 24/7 hotline available and is the nation’s suicide hotline. Many Lifeline volunteers are current or past public safety employees.
- [NorthStar Crisis Line](#) (1-907-258-7575) – 24/7 hotline that provides confidential, no cost behavioral health and SUD assessments.
- [IMALIVE](#) – 24/7 online chat service utilizing instant messaging with crisis counselors focused on suicide prevention and intervention.
- [Crisis Text Line](#) (text HOME to 741741) – 24/7 hotline via texting available with crisis counselors that serve anyone, in any type of crisis, providing free access to support and referral information.
- [Suicide.Org](#) – Non-profit organization with many resources and crisis line numbers for suicide prevention, awareness, and support. Links to Alaska-specific page.
- [Soldier’s Heart](#) – A service of Southcentral Foundation, Soldier’s Heart is an interactive educational training program developed by veterans and aimed to reduce the symptoms of post-traumatic stress and aid in suicide prevention among first responders and veterans. It is not an inpatient program.
- [Beauty for Ashes](#) – A service of Southcentral Foundation, the Family Wellness Warriors Initiative (FWWI) aims to equip organizations and individuals to effectively address the spiritual, emotional, mental, and physical effects of domestic violence, abuse, and neglect.
- [Code Green Campaign](#) - The Code Green Campaign® is a first responder-oriented behavioral health advocacy and education organization that includes resource lists.
- [First Responder Support Network](#) - The mission of the FRSN is to provide educational treatment programs to promote recovery from stress and critical incidents experienced by first responders and their families.
- [Firefighter Behavioral Health Alliance](#) – The FBHA provides behavioral health awareness, prevention, intervention, and post-crisis strategies for firefighters with an easily accessible and confidential sources of information.
- [ProCHART Toolbox](#) – Health and wellness resources for public safety communicators from the Association of Public Safety Communications Officials (APCO).
- [White Bison](#) – A non-profit organization that offers sobriety, recovery, addictions prevention, and wellness resources to the Alaska Native/Native American community nationwide.
- [SAMHSA](#) – (Substance Abuse and Mental Health Services Administration). The U.S. government agency responsible for overseeing and administering mental health, drug prevention, and drug treatment programs around the nation. Links to resource page.

- [FindTreatment.Gov](#) – (Substance Abuse and Mental Health Services Administration). SAMHSA search engine with thousands of state-licensed providers specializing in treating substance use disorders and mental illness.