

Disclaimer: these are notes from APCO's April 2 webinar, "COVID-19 and 9-1-1: Get the Facts From CDC Officials and the Ground-Truth Perspective of a 9-1-1 Center." For official guidance, consult with your state and local health authorities.

This summary attempts to incorporate responses to questions that were not able to be answered during the webinar Q&A. Questions may have been paraphrased for clarity or to consolidate multiple questions on a similar topic. Follow-up responses received directly from the officials from the CDC and San Francisco 9-1-1 center are *italicized*. You can view a recording and slides from the webinar on APCO's webpage for [Information on COVID-19 for Emergency Communications Centers](#).

Note: not every question was able to be definitively answered. **Guidance is changing frequently**. The CDC [COVID-19 webpage](#) includes many resources, and you can sign up to receive updates via email as new information becomes available. (Scroll to the bottom of the page, and look for the heading "COVID-19 UPDATES.")

- General COVID-19 Information
 - What makes COVID-19 different?
 - This is a new ("novel") virus so the CDC is still learning about how it works and updating guidance.
 - People don't have pre-existing immunities.
 - It causes more severe reactions in some people.
 - When is someone contagious?
 - Current thinking is that a person can be contagious a few days before symptoms appear, but is most contagious when most symptomatic.
 - How long after transmission will someone know that they were infected?
 - Symptoms usually appear 2-14 days after contact with the virus, but there are reports of some people having the virus without ever developing symptoms.
 - How is the virus transmitted?
 - Highest risk is being within 6 ft of someone who coughs or sneezes.
 - Also possible to transmit by touching a surface such as a door handle, desk, keyboard, etc. (Ex – sick person coughs into hand and touches a door; then a second person touches the door, gets virus on his hand, and touches his face and gets infected.) The virus survives better on some surfaces than others, up to several days in certain conditions.
- Preventing the spread
 - Use everyday precautions to prevent illness
 - Handwashing, avoid close contact with people who are sick, clean frequently touched surfaces, etc.
 - Social/physical distancing
 - Maintain 6 ft from others whenever possible.
 - Try to reduce the number of employees in the workplace at one time.
 - Postpone or cancel mass gatherings.
 - Encourage telework.

- CDC recommends splitting staff between two locations if possible, but cohorting employees so that the same people work together all the time is not necessary.
- Ventilation
 - If possible, increase the ventilation rate and amount of outdoor air that circulates in the system.
 - It's possible that warm and humid air can reduce transmission, but probably only to a minor extent because "aerosol" transmission is not thought to be a primary method of transmission.
- What some ECCs are doing
 - Providing individual headsets, keyboards, and mice to PSTs helps to limit shared contact surfaces.
 - Limit rotating staff to different consoles/positions.
 - Wearing protective masks
 - Some ECCs are requiring PSTs to wear surgical masks.
 - Wearing a mask does not seem to interfere with communications, but takes some getting used to.
 - Masks are mostly helpful for preventing the spread to others if the wearer is contagious.
 - Have to be careful about using masks correctly, not creating new risks by 1) putting on a mask that has been contaminated by setting it down on a contaminated surface or 2) having a contagious person spread the virus by putting their mask down on a surface.
 - How are masks being cleaned? How often are the masks being changed?
 - *SF 911: We have issued dispatch three masks each, and have advised them to rotate by day and store the masks not in use in a paper bag. 48 hours in a paper bag should eliminate COVID risk, and stretch the masks longer until we get more in.*
 - Screening employees for symptoms.
 - Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home
 - Temperature checks are just one tool, not a definitive method of identifying someone who is contagious. Ex – prohibit personnel at 100.4 F, allow at 99.5 F with reassessment every 2 hours.
 - Limit ECC access to necessary personnel.
 - Receiving donated food, PPE, cleaning supplies
 - Have to balance the need for the supplies with the risk of additional contact with the public.
 - Be sure to check on the condition of packaging.
- Who should stay home?
 - If you've tested positive for COVID-19, stay home until:
 - No fever without fever-reducing medicine AND
 - Other symptoms have improved AND
 - Tested negative 2x in a row, 24 hours apart.

- If you've had symptoms but have not been tested, stay home until:
 - No fever for 72 hours without fever-reducing medicine AND
 - Other symptoms have improved AND
 - 7 days have passed since symptoms began.
- If you are well but have a sick family member at home, follow CDC recommendations. LINK: [CDC guidance on symptoms and testing, including an interactive Self-Checker.](#)
- Cleaning
 - Generally thought to be the kind of virus that is relatively easy to kill.
 - LINK: [CDC guidance on when and how to clean.](#)
 - When to clean
 - Even in the absence of confirmed exposure to COVID-19, it's smart to be intensifying your cleaning and disinfection efforts. Routinely clean (at least daily) all frequently touched surfaces, like tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.
 - After a suspected or confirmed case, do a deep clean. In most cases, you do not need to shut down your facility. Close off areas used by the sick person. Open outside doors and windows to increase air circulation in the area. Wait 24 hours (or as long as possible) before you clean or disinfect. Clean and disinfect all areas used by the sick person, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
 - It is not necessary to replace air filters. Carpet and furniture should be cleaned but does not need to be replaced.
 - Fumigation would have limited application.
 - How to clean
 - CDC recommends using an [EPA-registered household disinfectant](#) that meets EPA's criteria for use against COVID-19. Follow product instructions for effective use.
 - Bleach
 - Diluted household bleach solutions may also be used if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted. Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.
 - Bleach solutions should be prepared fresh daily. Mix:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water
 - OR
 - 4 teaspoons bleach per quart of water
 - Alcohol solutions with at least 70% alcohol can also be used to disinfect.
 - Is the use of ultraviolet light devices effective in sterilizing against the novel coronavirus?

- *CDC: UV is an adjunct to cleaning and disinfection and is not a stand-alone treatment and when used with HVAC systems it is never used without HEPA filters or negative pressure; Also note that data for reuse of masks is based on inactivation of influenza virus.*
- How effective is electrostatic fogging? Our organization is having it done every two weeks.
 - *CDC: We have no data on the effectiveness of electrostatic fogging on COVID-19. Efficacy may depend on a number of factors, including the chemical agent, contact time, the chemicals (PAA, H2O2, etc.) used, if used as originally intended and on EPA List A Chemical Sterilizers or if they are on List K (agents effect against C. difficile). We recommend that you ask for the EPA registration # of the product that will be used. See also: <https://www.epa.gov/pesticide-registration/fogger-and-mister-final-signed-letter>*

Additional Questions for San Francisco 9-1-1

- When a public safety telecommunicator tested positive, did your agency share the TC name that was confirmed COVID-19? Did you quarantine any other employees due to the exposure? Have you had any additional positive cases?
 - *We did not share the name of the employee, although dispatchers quickly found out from the employee and then word-of-mouth. We were very careful to notify employees based on need-to-know that was run by our DPH as appropriate, and we ended up having four tiers of notification: all employees, employees who had overlapping hours in the 48 hours before onset of symptoms, all employees who worked adjacent in those 48 hours, and all employees who worked at a workstation the positive employee used in the 24 hours after.*
 - *The employee did not go home with a high temp, but developed it afterwards. We are doing temperature screenings, which are done with a contactless thermometer by the staff themselves in view of a supervisor (sounds harder than it is).*
 - *Our DPH's Contagious Disease Control unit investigated, and advised us that it was not necessary to quarantine any other employee although we were preparing to do so.*
 - *We are now 17 days past the last workplace contact, and we have not had any additional positive cases.*
- Is there any concern with having to quarantine staff in the dispatch center? Is there a contingency plan in place?
 - *We are concerned about losing staff to COVID-19 and to the need to quarantine exposed staff, absolutely. We are lucky that we have come out of several years of severe staffing and are now fully staffed, so we have more of a margin that we would have had or than many of our peer agencies. If necessary, we do have in our employee contracts the ability to "mobilize," which is to invoke the need to work five 12-hour days. This provision was intended for earthquakes, but can be used for any emergency declaration.*

- With all protocols of distancing in place - why do you feel your peak in cases is inevitable in 4-5 weeks vs the next 1-2 weeks?
 - *Through some combination of luck and the early action our leaders took in instituting our shelter-in-place order, the Bay Area seems to have had luck in “flattening the curve.” We are now expecting a lower and later peak, as a result.*
- Keyboards
 - How have you seen all of the changes that you have made to your center, mice, keyboards etc. impact your budget? If your agency uses a KVM switch, what has the impact on the KVM been with the constant change of keyboards? How are the ports holding up with such frequent plugging and unplugging?
 - *The cost of keyboards and mice are not that significant, especially compared with other costs like staffing. The keyboards and mice (mouses?) plug into USB ports and we have seen some issues with the ports becoming loose or damaged, but the maintenance effort for that has been manageable.*
- Is your local health department providing you with positive location information (addresses). If so, how are you getting that information out to your responders? Using code word(s)?
 - *We developed a protocol for this with our DPH, but getting addresses in a timely manner has not worked out well. The protocol was to enter addresses as Prem-Hazards, and we would direct staff over the air to read their runs and use PPE, with specific phrasing that we have used for ebola, SARS and dating all the way back to the AIDS crisis to alert field units.*
- What schedule does your dispatchers work? 12 hour rotating or 8 hour rotating?
 - *About half our staff are on 5-8s, and half are on 4-10s. We have 11 different start times.*
- What about training new personnel? How will that be done?
 - *We had a class of 15 just starting when this hit, and they are wrapping up their seven-week academy (which has been done remotely after the first two weeks) next week. They will not begin on-the-job training, but will be working as “Disaster Service Workers” in different roles in the city until we are ready to do on-the-job training and the closer quarters it requires.*
- In relation to notifying co-workers of a potential employee exposure or confirmed case, in a small center it can become obvious who the employee is very quickly. Any guidance on how to maintain confidentiality in this instance?
 - *Follow your DPH direction, and you should be fine. In both our confirmed positive and in scares we have had afterwards (which later tested negative), I have confirmed with the DPH doctor what notifications are appropriate based on public health guidance. Providing the employee name is never done, although the dispatchers will inevitably figure it out – if you are acting under the guidance of a public health authority, you should be fine.*
- Do you have a PSA we could put on our social media that directs the public to use 911 for emergencies only and not call for COVID 19 questions?
 - *I don't, sorry.*