

COVID-19 SAFETY GUIDELINES FOR TRAINING GROUND USE

Captain John T. Dempster Sr.
Fire Service Training Center



Taught in Compliance with the Regulations
set forth under New Jersey Administrative
Code 5:73 Subchapter 4



Mercer County Fire Academy

COVID-19 Safety Guidelines

For Training Ground Use

The Mercer County Fire Academy is operating under New Jersey Division of Fire Safety approved COVID-19 Safety Guidelines. The following packet contains information and forms for use of the drill ground. The following are attached:

1) Mercer County Fire Academy COVID-19 Safety Guidelines

2) Fire Department Drill Ground Checklist

(Completed at Station prior to drill. Submit to instructor upon arrival)

3) Fire Department Drill Roster and Safety Form

(Fill in names only prior to arrival. Submit to instructor upon arrival)

4) Training Ground Request Form

**(Submit form to Dave Gayley via fax or email. Email: gayleyd@mccc.edu
or Fax: 609-799-1549)**

Mercer County Fire Academy COVID-19 Guidelines

The following COVID-19 safety guidelines are provided for fire academy training to prevent the spread of COVID-19. (Students are any fire personnel using the drill grounds or facility)

COVID EXPOSURE:

Staff and students must report if they have been exposed or believe they have been exposed to a known COVID-19. Exposure at any level, **MUST** be reported by staff and/or students immediately, and in the interim, all contact with students and staff must be minimized.

SELF-MONITORING AND EXPOSURE REPORTING:

All staff and students must adhere to a regimen of self-monitoring. Prior to reporting to the academy, each shall take their temperature to ensure they do not have a fever as per the guidelines set forth by the CDC. It is essential to recognize the signs and symptoms of COVID-19 as soon as possible and to respond appropriately. Staff and students shall monitor and regularly check for:

Fever, diarrhea, cough, chills, shortness of breath, shivering, sore throat, muscle pain, malaise, loss of taste, and loss of smell.

Any staff or student exposed, or who believes they have been exposed are to report this as soon as reasonably possible, and in the interim, all contact with students and/or staff shall be minimized.

Any staff or student who is symptomatic, and/or has tested positive for COVID-19, shall isolate themselves for no less than fourteen (14) calendar days.

MINIMIZING EXPOSURE:

Class Meetings/Training: Classes and assembly shall last for only the time necessary. The Academy shall institute a wide variety of procedures to help minimize the potential for virus spread. Each of these will be exercised regularly and where and when practical.

Training Area: Academy staff and students are to be the only persons within the classroom and/or training area. All others are prohibited.

Self-Monitoring: All staff and students shall self-monitor and report if any concerns arise.

Evaluation: All staff and students shall have a fever and symptom check evaluation completed upon arrival at the academy prior to each session and it shall be logged on a fever and symptom check evaluation form for the record. The fever check shall be administered to the academy staff first and then students to ensure their temperature is not higher than 100.4 F (38 C) as per CDC's definition of a fever.

Social Distancing: All staff and students shall be arranged and maintain as close to six feet (6') apart whenever practical. Social distancing practices shall be utilized during meals, breaks, and student/staff congregating.

Group Minimization: Classes shall be broken into smaller groups and squads where and when practical. Squads will be no more than eight students.

Monitoring of Training Session: Staff will monitor the students, frequently communicating and reinforcing safety measures to ensure that safety protocols are being practiced.

Illness/Injury: At any time that a staff member or student presents with any illness or injury, appropriate first aid shall be rendered consistent with Academy policy. Any member that presents with symptoms consistent with COVID-19 shall be treated as possibly infected and all appropriate precautions shall be taken.

Physical Barriers: The wearing of face covering shall be required for all indoor classroom/indoor buildings and when feasible in practical training.

PPE REQUIREMENTS FOR STAFF AND STUDENTS:

Face Covering/Protective Mask - During all aspects of training/testing unless actively utilizing Self Contained Breathing Apparatus (SCBA) or during Physical Training (PT).

Gloves - To be used during all aspects of training/testing which involve contact with training equipment.

Eye Protection - To be worn during all aspects of training/testing outside of the classroom unless actively utilizing SCBA or during PT training.

Turnout Gear - To be worn during all aspects of training/testing.

STAFF & STUDENTS SHALL BE AWARE OF SOUND PRACTICES:

Hygiene:

1. Covering sneezes/coughs.
2. Hand-washing with soap and water minimum of 20 seconds.
3. Use of hand sanitizer.
4. Refrain from touching face.

Cleanliness:

1. Firefighter PPE is to be stored as distant as possible from other PPE.
2. Staff and students are not to handle any Academy or other students/staff's equipment without nitrile or firefighter gloves.
3. Hand washing shall be provided for staff and students to utilize as needed.
4. All equipment / PPE shall be sanitized or cleaned as needed.
5. When operating in any facility, students shall be instructed to maintain the PPE until they have completely exited the facility at which time gloves, coats, etc. may be removed with social distancing practices in mind.
6. Any session will require the appropriate PPE.
7. Whenever practical, all operations shall remain as similar to pre-COVID operations, in so much as when proper PPE is already in place, i.e. firefighter turnout gear and SCBA, in order that students develop proper psychomotor skills.
8. Upon dismissal, students should be reminded that once they arrive home, they should wash and decontaminate all clothing worn throughout the day before showering.

Conclusion:

The academy will monitor the COVID-19 emergency and adjust to any official guidance or requirements.

Mercer County Fire Academy Fire Department COVID-19 Safety Drill Ground Checklist

Complete Prior to Arrival at the Fire Academy

_____ All personnel must self-check temperature prior to arrival at Fire Academy. Temperature cannot be higher than 100.4 F.

_____ All personnel must self-check for symptoms prior to arrival at Fire Academy for fever, cough, chills, shortness of breath, shivering, sore throat, muscle pain, malaise (discomfort), loss of taste, and loss of smell.

_____ All personnel must have a Facemask or Face covering for use on the drill ground.

_____ All Personnel must have safety glasses for eye protection, gloves and full PPE.

Notes:

***Any personnel with a temperature higher than 100.4 F or any listed symptoms cannot come to the Fire Academy and will not be allowed on the drill ground.**

***When reporting to the drill ground, all personnel must remain on the apparatus until checked in by academy personnel for temperature and symptom checks.**

***Only active participants on the drill ground, NO spectators. One support person only. (not including EMT's performing EMS duties.)**

***Maximum of one Fire Company consisting of 25 personnel or maximum of 25 personnel for combined companies per drill.**

The Officer-in charge agrees that that they have read the Mercer County Fire Academy COVID-19 Safety Guidelines and that their organization will adhere to the guidelines during the drill. If guidelines are not followed, it can result in termination of the drill by academy staff.

Officer-in-Charge

Sign

Date

****Submit form to academy instructor upon arrival****

FIRE DEPARTMENT DRILL (COVID-19 SAFETY FORM)

COMPLETE ROSTER - (NAMES ONLY) - PRIOR TO ARRIVAL

DATE: _____ FIRE DEPT: _____

<u>NAME</u>	<u>TEMP</u>	<u>FEVER</u>	<u>COUGH</u>	<u>**OTHER SYMPTOMS:</u>

**OTHER SYMPTOMS INCLUDE: **Have you knowingly been near anyone with COVID?? Shortness of Breath,
Sore Throat, Diarrhea, Chills, Muscle Pain, Loss of Taste/Smell, Shivering, Malaise (Discomfort)

OFFICER IN CHARGE: _____

SIGNATURE: _____



Mercer County Fire Academy

Captain John T. Dempster Sr. Fire Training Center

350 Lawrence Station Road Lawrenceville, NJ 08648
 Telephone: (609) 799-3245 Fax: (609) 799-1549
 (A Campus of the Mercer County Community College)



TRAINING GROUND USE REQUEST FORM

Part I: (TO BE COMPLETED BY THE REQUESTING DEPARTMENT/ORGANIZATION)

DEPARTMENT/ORGANIZATION INFORMATION:

Department/Organization Name:

Billing Address:

Telephone:

Fax:

Training Officer or Contact Person:

Telephone:

Fax:

E-Mail:

REQUESTED DATE / TIME:

Date Requested: () 09:00 – 12:00 () 13:00 – 16:00 () 19:00 – 22:00 () Other times requested:

TRAINING AREA(S) REQUESTED

<input type="checkbox"/>	Drafting Area	<input type="checkbox"/>	Window Bar Simulator	<input type="checkbox"/>	Drill Tower (non-live fire)
<input type="checkbox"/>	Grounds for Driver's Training	<input type="checkbox"/>	Flat Roof Simulator	<input type="checkbox"/>	Below Grade Prop
<input type="checkbox"/>	Firefighter Entanglement Prop	<input type="checkbox"/>	Pitched Roof Simulator	<input type="checkbox"/>	Kidde™ Motor Vehicle Simulator
<input type="checkbox"/>	Class 'A' Burn Room, Burn Building	<input type="checkbox"/>	Kidde™ Bedroom Fire Simulator, Burn Building	<input type="checkbox"/>	Class 'A' Burn Room, 4 th Floor Drill Tower
<input type="checkbox"/>	Kidde™ Flammable Liquid Fire Simulator	<input type="checkbox"/>	Denver Prop	<input type="checkbox"/>	Forcible Entry Prop

TRAINING DETAILS:

NAME OF THE DRILL:

PLEASE LIST **ALL** AGENCIES PARTICIPATING IN THIS TRAINING:

EXPECTED ATTENDANCE:

EXPECTED NUMBER OF EVOLUTIONS:

SPECIFIC DRILL OBJECTIVES (LIST WHAT YOU WANT TO ACCOMPLISH):

SCRIPT FOR THIS DRILL (DESCRIBE YOUR SCENARIOS) (**PROVIDE DRILL PLAN**):

IF PERFORMING LIVE FIRE EVOLUTIONS, WILL YOUR DEPARTMENT/ORGANIZATION BE PROVIDING A CERTIFIED EMERGENCY MEDICAL PROVIDER (EMT-B OR FIRST RESPONDER) TO STANDBY AS REQUIRED UNDER N.J.A.C. 5:73-2.5? () Yes () No

*** EMERGENCY MEDICAL PERSONNEL CAN BE PROVIDED TO FIRE DEPARTMENTS AT A COST ****

	NAME	FIRST RESPONDER OR EMT-B	CERTIFICATION #	EXPIRATION
1.				
2.				

PLEASE COMPLETE OTHER SIDE OF FORM

WILL YOUR DEPARTMENT/ORGANIZATION HAVE A NJ DFS CERTIFIED INSTRUCTOR(S) OVERSEEING THE TRAINING EVOLUTIONS? () YES () NO (IF "YES" PLEASE INDICATE BELOW AND PROVIDE A COPY OF THEIR CERTIFICATIONS)			
NAME		NJ DFS CERTIFICATION #	DRILLGROUND INST. (YES OR NO)
1.			
SAFETY PLAN			
PRE BURN BRIEFING TO BE PROVIDED			
<ul style="list-style-type: none"> - REVIEW APPLICABLE FACILITY RULES/EVOLUTION GUIDELINES - PERFORM WALK THROUGH OF BUILDING/EVOLUTION - ESTABLISH APPROPRIATE PPE LEVEL(S) EVOLUTION 			
SAFETY			
<ul style="list-style-type: none"> - INCIDENT SAFETY OFFICER TO BE DESIGNATED - MEDICAL CARE FOR PARTICIPANTS AVAILABLE - PARTICIPANT REHABILITATION AVAILABLE - EMERGENCY EVACUATION SIGNAL & PROCEDURES REVIEWED WITH ALL PARTICIPANTS - RAPID INTERVENTION DESIGNATED - ACCOUNTABILITY/PAR PROCEDURES REVIEWED WITH ALL PARTICIPANTS 			
SAFETY MESSAGE			
<ul style="list-style-type: none"> - ALL PERSONNEL ARE REMINDED TO BE CONSTANTLY AWARE OF THEIR WORK ENVIRONMENT AND BE CAUTIOUS OF THE FOLLOWING HAZARDS: Respiratory hazards, Slip, Trip and fall hazards, Sharp or jagged metal, Heights, Noise levels, Water, Electrical, Possible temperature extremes or hazardous weather 			
COMMUNICATIONS PLAN			
COMMAND FREQUENCY:		OPERATIONS FREQUENCY:	
WATER SUPPLY FREQUENCY:		RAPID INTERVENTION FREQUENCY: OTHER	
OTHER NECESSARY INFORMATION			
CERTIFICATION OF PARTICIPANTS			
<p>The undersigned certifies that all participants in the training to be performed in the requested areas do not have any physical and/or other conditions, which would prevent them from actively participating in all portions of the training. All participants will be provided with PPE and SCBA by this department which complies with PEOSH standards N.J.A.C. 12:100-10 and have complied with the NJ Department of Labor adopted Respiratory Standard 29 CFR 1910.134 as it applies to medical evaluations and fit testing. All participants in live burn training must have a NJ DFS Firefighter 1 certification. The undersigned also certifies that all participants are covered by the Department's Workmen's Compensation, Liability and medical insurance as indicated by a copy of a current Certificate of Insurance attached to this application or on file at the Fire Academy.</p>			
Officer's Name	Rank	Signature	Date
Part II (TO BE FILLED OUT BY FIRE ACADEMY AND RETURNED TO APPLICANT)			
Your application for use of the Dempster Fire Service Training Center has been:			
_____ Approved	_____ Approved (Weather Permitting)	_____ Disapproved	_____ Modified
_____ Mercer County Fire Academy Staff		_____ Date	

