

Pandemic Influenza Response Covid-19 Virus Incident Action Plan (IAP)



Updated: 3/21/2020

INCIDENT OBJECTIVES ICS 202		1. Incident Name Covid-19 Pandemic	2. Date March 22 th 2020	3. Time 0800
4. Operational Period 08:00 – 08:00				
5. General Control Objectives for the Incident (include alternatives) <ul style="list-style-type: none"> 1. Limit exposure to the Covid-19 virus and prevent disease transmission 2. Maintain an essential level of service and continuity of operations through the Covid-19 pandemic. 3. Provide for responder and citizen safety, through the appropriate use of personal protective equipment (PPE) and appropriate patient care protocols. 				
6. Weather Forecast for Period				
7. General Safety Message <ul style="list-style-type: none"> • Wear appropriate PPE when responding to and assessing patients. • Limit crew exposure to a known or suspected Covid-19 patient (use Spokane County EMS & Trauma Care Council Covid-19 Expected Clinical Actions Guidance) • Wash hands frequently with soap and water. Sanitize with cavicide or alcohol based sanitizer. • Disinfect/sanitize all equipment as necessary while preventing cross-contamination. • Dispose of all waste appropriately. • Evaluate crew or co-workers for signs of illness use "Member Wellness Checklist". • Report any suspected exposures or illness to your chain of command immediately. 				
8. Attachments (mark if attached)				
1.	SVFD Special Notices 20-005 – 011, 20-015			
2.	Spokane County EMS & Trauma Care Council Covid-19			
9. Prepared by (Division Chief of Operations) Pat Schaffer			10. Approved by (Incident Commander)	

DIVISION ASSIGNMENT LIST		1. Branch B Shift		2. Division/Group Page of		
3. Incident Name Covid-19 Pandemic		4. Operational Period Date: 3/22/2020 Time: 08:00 – 08:00				
5. Operations Personnel						
Operations Chiefs	Arold V-3		Division/Group Supervisor	V-21 Proctor / V-22 Barrett		
Safety Officer	Loftin V-31		Air Operations Branch			
6. Resources Assigned this Period						
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time	Tentative Last Work Day
E-1						
E-2						
E-3						
E-4						
E-5						
E-6						
E-7						
M-7						
R-8						
L-8						
E-9						
L-10						
7. Control Operations.						
8. Special Instructions						
9. Division/Group Communication Summary						
See Communications Plan						
Prepared by (Resource Unit Ldr)	Approved by (Planning Sect. Ch.)		Date	Time		

DIVISION ASSIGNMENT LIST	1. Branch C Shift	3. Division/Group Page of				
3. Incident Name Covid-19 Pandemic	4. Operational Period Date: 3/23/2020 Time: 08:00 – 08:00					
5. Operations Personnel						
Operations Chiefs	Arold V-3	Division/Group Supervisor V-21 Neuman / V-22 Capaul				
Safety Officer	Schindler V-31	Air Operations Branch				
6. Resources Assigned this Period						
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time	Tentative Last Work Day
E-1						
E-2						
E-3						
E-4						
E-5						
E-6						
E-7						
M-7						
R-8						
L-8						
E-9						
L-10						
7. Control Operations.						
8. Special Instructions						
9. Division/Group Communication Summary						
See Communications Plan						
Prepared by (Resource Unit Ldr)	Approved by (Planning Sect. Ch.)	Date	Time			

DIVISION ASSIGNMENT LIST		1. Branch A Shift		4. Division/Group Page of		
3. Incident Name Covid-19 Pandemic		4. Operational Period Date: 3/24/2020 Time: 08:00 – 08:00				
5. Operations Personnel						
Operations Chiefs	Arold V-3		Division/Group Supervisor	V-21 Crawford/ V-22 Foster-Dow		
Safety Officer	Whitaker V-31		Air Operations Branch			
6. Resources Assigned this Period						
Strike Team/Task Force/ Resource Designator	Leader	Number Persons	Trans. Needed	Drop Off PT./Time	Pick Up PT./Time	Tentative Last Work Day
E-1						
E-2						
E-3						
E-4						
E-5						
E-6						
E-7						
M-7						
R-8						
L-8						
E-9						
L-10						
7. Control Operations.						
8. Special Instructions						
9. Division/Group Communication Summary						
See Communications Plan						
Prepared by (Resource Unit Ldr)	Approved by (Planning Sect. Ch.)			Date	Time	

MEDICAL PLAN	1. Incident Name Covid-19	2. Date Prepared 3/21/2020	3. Time Prepared 5:15 PM	4. Operational Period 3/22/2020 – 3/24/2020
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5. Isolation Location Options			
	LOCATION	Phone #	Room #
Employee's home			

6. Transportation				
A. Ambulance Services				
Name	Address	Phone	Medic Level	
			ALS	BLS

7. Emergency Hospitals								
Name	Address	Travel Time		Phone	Helipad		Burn Center	
		Air	Grnd		Yes	No	Yes	No
Multicare Valley Hospital	12606 E. Mission, Spokane Valley, WA. 99216			(509) 473- 5177 828-9673	Y			
Providence Sacred Heart MC	101 W. 8th Ave. Spokane WA. 99204			(509) 474- 3345 474-3600	Y			
Deaconess MC	800 W. 5th Ave. Spokane, WA> 99204			(509) 473-8350 472-5177	Y			
Holy Family MC	5633 N. Lidgerwood, Spokane, WA. 99208			(509) 482-2460 482-3951	Y			

8. Medical Emergency Procedures

COVID-19 Exposures

Crew Supervisor

1. Immediately remove exposed crew member (ECM) from hot zone.
2. Have an unexposed crew member flush ECM's affected area with saline solution or water.
3. Crew assists ECM to decontaminate
 - a. Provide hand sanitizer to ECM to wash hands with gloves on.
 - b. Have ECM remove PPE and dispose of appropriately (Red Bag)
 - c. ECM finishes decontamination process.
 - d. ECM is driven back to the Station and released from duty.
4. Captain or OOC Officer contacts the on duty Bn. Chief and explains the situation.
5. Captain or OOC Officer initiates exposure report in FDM and creates an ESO report for the ECM.

Battalion Chief

1. Determines where ECM wants to isolate (home or other location).
2. Notifies the Command Staff (command page, and ALL Chiefs e-mail group) that an exposure has occurred.
3. Makes appropriate staffing moves.
4. Insures completion of a Exposure Report in FDM and ESO report.

What constitutes an exposure to the Covid-19 Virus during an emergency response?

General Guidelines:

Emergency responses to suspected influenza or Covid-19 patients require the appropriate level of PPE for responders. When properly worn and disinfected, the SVFD regards the responder as NOT being exposed. If however, a breach of PPE occurs, the circumstances surrounding the breach are the determining factors as to being considered exposed or not.

1. PPE Breach: A firefighter's mucus membranes come into contact with a suspected influenza or Covid-19 patient's bodily fluids.

*Example 1: While providing patient care the firefighter's eye protection slips off just as he is attempting to place a facemask on the patient. The patient sneezes, exposing the firefighter's eyes to the patient's bodily fluids. **This IS an exposure.***

*Example 2: While providing patient care a Firefighter's glove rips and is exposed to the patient's bodily fluids. **This is NOT considered an exposure** if the firefighter sanitizes/disinfects the area. **This IS considered an exposure** if the firefighter has cuts or open wounds exposed to the patient's bodily fluids.*

These guidelines/procedures apply to the Covid-19 Pandemic related exposures only. Use **S&O #160 Infectious Disease Exposure Control Plan** for all other exposures.

9. Prepared by (Medical Unit Leader)

10. Reviewed by (Safety Officer)

Safety Message ICS Form 208

1. Incident Name: Covid-19 Pandemic	2. Operational Period: Date From: 3/22/2020 Date To: 3/24/2020 Time From: 08:00 Time To: 08:00
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan: <h3>Maintain Awareness</h3> <p>Observe signs and understand criteria indicating the use of Covid-19 pandemic protocols.</p> <h3>Limit Exposure</h3> <p>Use proper PPE when responding to a possible/suspected Covid-19 patient. Use appropriate disposal methods for contaminated supplies/materials</p> <h3>Sanitize/Disinfect</h3> <p>Ensure all equipment, exposed or potentially exposed to the Covid-19 virus is thoroughly disinfected and sanitized. Proper decontamination and doffing of PPE is important Wash your hands frequently with cavicide, soap and water, and/or alcohol based hand sanitizer.</p> <h3>Monitor</h3> <p>Using Special Notice 20-008 check crew and co-workers for signs of illness at least one time per day. Monitor throughout the day.</p> <h3>Sustain Vigilance</h3> <p>Sustain vigilance with your crews and co-workers regarding proper PPE, protocols, and sanitizing/disinfecting as this situation may last for weeks.</p>	
4. Site Safety Plan Required? Yes No <input checked="" type="checkbox"/> Approved Site Safety Plan(s) Located At:	
5. Prepared by: Name: Patrick O Schaffer____Position/Title: Dept. Safety Officer____Signature: _____	
ICS 208	IAP Page _____ Date/Time: 3/19/2020 08:00

Spokane County Fire/EMS Multi-Agency Coordination Center (MACC)

ICS 209 (modified) Situation Status Report
Email this report to firemaccspokane@gmail.com
by 1200 each day.

Department Name: **Spokane Valley Fire Department**

Date of Report: **3/21/2020**

1. Describe your current staffing level as a percentage of normal daily staffing? **100%**
 - a. Additional notes:

2. Number of personnel in quarantine? **2**
 - a. Where are they quarantined? **Home**

3. Critical Resource/Supply Needs (be specific and specify quantities)
 - a. The next 24 hours:

 - b. The next 48 hours:

 - c. The next 72 hours: **Temporal Thermometers**

Any additional comments: **Two employees tested and awaiting results.**

RESOURCE STATUS CHANGE (ICS 210)

Additional Staffing Options

1. Incident Name: Covid-19 Pandemic		2. Operational Period: Date From: 3/22/2020 Date To: 3/24/2020 Time From: 0800 Time To: 0800		
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:
E-1				
M-1	3 rd V-23	M-1	(need ESO Tablet/EMS)	
E-2				
E-3				
E-4				
Brush-4*^				
E-5				
E-6				
Brush-6*^				
E-7				
M-7	1 st M-7 (24 hr.)			
R-8				
L-8				
E-9				
L-10				
Brush-10*^				
V-21				
V-22				
V-31	2 nd V-31/BLS	V-31	(Need ESO Tablet)	
Reserves				
E-12				
E-13				
E-14				
E-15				
L-1				
^ = No MDC				
* = No AVL Staffing =				
8. Comments:				
<ul style="list-style-type: none"> All additions need to be coordinated with the CCC M-7 staffed for 24 hours (ALS) V-31 staffed with 2. BLS response unit. (coordinate with dispatch for dual response) ESO Tablet, M-1 staffed for 24 hours: V-23, ALS or BLS (requires coordination with dispatch regarding station alerting) ESO Tablet, Medical gear Reserve Engine and Ladder Brush Trucks are BLS w/o AVL and MDC (last choice) 				
9. Prepared by: Name: Patrick O Schaffer Position/Title: Division Chief Operations				
Signature: _____				
ICS 210			Date/Time: _____	

RESOURCE STATUS CHANGE (ICS 210)

Phase I Reduction

1. Incident Name: Covid-19 Pandemic		2. Operational Period: Date From: 3/22/2020 Time From: 0800		Date To: 3/24/2020 Time To: 0800
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:
E-1				
E-2				
E-3				
E-4	3rd OOS			
E-5				
E-6				
E-7				
M-7 (24 hr)				
R-8	2nd X-Staffing			
L-8	R/L-8			
E-9	1st OOS			
L-10				
V-21				
V-22				
V-31				
	Staffing = 29			
	8 x Paramedics			
	3 x Extrication			
	2 x Ladder			
	8 x Engines			
	Staffing = 29			

8. Comments:

- Implemented when 38 person staffing cannot be maintained. Used for staffing levels between 29 - 38.
- Order of precedence for placing apparatus OOS
 - 1. E-9
 - 2. Cross-Staff R-8/L-8
 - 3. E-4

ICS 210 | Date/Time: _____

RESOURCE STATUS CHANGE (ICS 210)

Phase II Reduction

1. Incident Name: Covid-19 Pandemic		2. Operational Period: Date From:3/22/2020 Time From:0800		Date To:3/24/2020 Time To:0800	
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:	
E-1					
E-2	4th OOS				
E-3					
E-4	3rd OOS				
E-5	6th OOS				
E-6					
E-7					
M-7 (24 hr)					
R-8	2nd X-Staffing				
L-8	R/L-8				
E-9	1st OOS				
L-10	5th OOS				
V-21					
V-22					
V-31					
	Staffing = 20				
	6 x Paramedics				
	2 x Extrication				
	1 x Ladder				
	4 x Engines				
	Staffing = 20				
8. Comments:					
<ul style="list-style-type: none"> Implemented when 29 person staffing cannot be maintained. Used for Staffing Levels between 20 – 29. Order of precedence for placing apparatus OOS <ol style="list-style-type: none"> 1. E-2 2. L-10 3. E-5 					
9. Prepared by: Name:Patrick O Schaffer____Position/Title:Division Chief Operations					
Signature: _____					
ICS 210			Date/Time: _____		

RESOURCE STATUS CHANGE (ICS 210)

Additional Staffing Options

1. Incident Name: Covid-19 Pandemic		2. Operational Period: Date From: 3/22/2020 Time From: 0800		Date To: 3/24/2020 Time To: 0800	
3. Resource Number	4. New Status (Available, Assigned, O/S)	5. From (Assignment and Status):	6. To (Assignment and Status):	7. Time and Date of Change:	
E-1					
M-1	3 rd V-23	M-1	(need ESO Tablet/EMS)		
E-2					
E-3					
E-4					
Brush-4*^					
E-5					
E-6					
Brush-6*^					
E-7					
M-7	1 st M-7 (24 hr.)				
R-8					
L-8					
E-9					
L-10					
Brush-10*^					
V-21					
V-22					
V-31	2 nd V-31/BLS	V-31	(Need ESO Tablet)		
Reserves					
E-12					
E-13					
E-14					
E-15					
L-1					
^ = No MDC					
* = No AVL	Staffing =				
8. Comments:					
<ul style="list-style-type: none"> All additions need to be coordinated with the CCC M-7 staffed for 24 hours (ALS) V-31 staffed with 2. BLS response unit. (coordinate with dispatch for dual response) ESO Tablet, M-1 staffed for 24 hours: V-23, ALS or BLS (requires coordination with dispatch regarding station alerting) ESO Tablet, Medical gear Reserve Engine and Ladder Brush Trucks are BLS w/o AVL and MDC (last choice) 					
9. Prepared by: Name: Patrick O Schaffer _____ Position/Title: Division Chief Operations					
Signature: _____					
ICS 210			Date/Time: _____		

GENERAL MESSAGE (ICS 213)

TO: SVFD Personnel

POSITION:

FROM: SVFD Staff

POSITION:

SUBJECT: Covid-19 Pandemic Influenza Plan

DATE: March22, 2020

TIME: 08:00

MESSAGE:

Covid-19 Pandemic General Information

Operations:

1. Deputy Chief Shawn Arold, Chief Pat Schaffer, Chief Mike Charter
 - a. Provide timely and appropriate guidance and support to response crews and support personnel regarding:
 - Social distancing measures to prevent exposure and transmission of the Covid-19 virus.
 - Materials and supplies
 - Protocol and procedural changes
 - Interaction with other Spokane County and regional Emergency Response agencies
 - Operational needs
2. Battalion Chiefs
 - a. Monitor the impact of the pandemic on crews and the public
 - b. Monitor and enforce appropriate preventive measures
 - c. Provide feedback to Staff regarding potential exposures and possible quarantines

SVFD Share Point Site:

1. Updated documents and information can be found here:
<https://spokanevalleyfire.sharepoint.com/sites/COVID-19>

Support Services:

1. Deputy Chief Tim O'Brien
 - a. Provide necessary information and guidance to support personnel.
 - b. Provide necessary materials for sanitation and personal protection.
 - c. Participate in departmental planning regarding the pandemic.
2. IT Administrator Yacker
 - a. Provide for selected staff to work from home.
 - b. Prepare for deployment of additional ESO tablets (2) for apparatus.

General:

1. Maintain a professional approach. We are the people who mitigate emergencies. The impact of the pandemic on the public may create heightened fear and potentially a degree of panic among those we serve. It is essential we remain composed and measured in our interactions with the public.
2. Take care of one another. Ensure you and your crews/co-workers employ appropriate practices to stay healthy throughout this period.

POSITION:

REPLY:

No Reply necessary

DATE:3/21/2020

TIME:14:15

SIGNATURE/POSITION:



SPECIAL NOTICE 20-003

DATE: February 28, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

CANCELLATION OF ALL NON-ESSENTIAL TRAVEL

Department Personnel,

I am sorry for this late notice, and until further notice, we are canceling all non-essential travel effective immediately. This includes the Northwest Leadership Conference in Portland as well as the Center for Public Safety Conference. It is not my wish to cancel plans at the last minute, but this decision is out of concern and precaution for our employees and their families. If you made your travel arrangements and cannot get a reimbursement from the airline, then submit for reimbursement from the department. Thank you for your understanding.

Sincerely,

Deputy Chief
Shawn Arold



SPECIAL NOTICE 20-004

DATE: March 1, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

CANCELLATION OF ALL NON-ESSENTIAL PUBLIC EVENTS AND STATION TOURS

Department Personnel,

We recently received reports of COVID-19 spread within the state of WA. An increase in WA state cases is a trigger for the SVFD to modify the EMS operational response to Spokane Valley patients with potential COVID-19 or flu like symptoms.

We will be meeting with Spokane County EMS and are likely to initiate changes in the coming days. Be prepared to receive and review frequent updates.

Given this concern, I am suspending non-essential public relations and educational activities that require in person attendance until further notice.

I am including some items that you may take action on immediately:

- Do not rely solely on dispatch for alerts on donning PPE. Conduct "doorway triage":
 - "Does anybody here have a fever, cough, shortness of breath, or respiratory distress?"
 - If yes, don appropriate PPE for COVID-19
 - May send one person in and have the patient place a surgical mask
 - Maintain a distance of at least six (6) feet unless procedures require you to be closer.
- During transport of a suspected case:
 - *SVFD personnel will not ride in with patients unless absolutely critical to patient care.*
 - Avoid non-essential/non-immediate lifesaving aerosol-generating procedures.
 - Follow CDC guidelines and equipment recommendations:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
 - Early Hospital contact to prepare for patient arrival.

- Documentation:
 - Should be done after doffing and decontamination, or by a provider not having patient contact.
 - Include all providers involved, especially mutual aid providers, for infection control tracking.

- Cleaning/disinfections guidelines can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

CDC guidelines for community mitigation can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/preparing-individuals-communities.html>

Sincerely,

Deputy Chief
Shawn Arold



SPECIAL NOTICE 20-015

DATE: March 2, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

SPOKANE COUNTY EMS & TRAUMA CARE COUNCIL COVID-19 EXPECTED CLINICAL ACTIONS GUIDANCE

Department Personnel,

With the increasing number of COVID19 patients in the region, trends are starting to emerge that require the SVFD to upgrade our PPE requirements for EMS incidents:

- Increasing number of patients meeting Pandemic dispatch screening requirements;
- Increasing number of patients not triggering Pandemic requirements, but are presenting with similar signs and symptoms

The required PPE for **ALL** EMS incidents will now consist of:

- Gloves
- Eye Protection
- 200LS respirator

For all Pandemic dispatches, crew members will also wear:

- EMS Gown

In order to limit potential exposure and preserve PPE stocks, **every EMS incident** will be approached using the patient contact process we are using for Pandemic incidents when possible:

- Attempt to get the patient outside
- One crew member makes contact with the patient to gather information

After patient contact, if the patient is exhibiting flu-like symptoms, respiratory symptoms, or any other symptoms consistent with COVID19 – give the patient a surgical mask to place on themselves (preferred) or place a surgical mask on the patient.

Michael R. Charter – Division Chief of EMS



SPECIAL NOTICE 20-006

DATE: March 2, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

SPOKANE COUNTY – PANDEMIC DISPATCH PROTOCOL

Department Personnel,

On Tuesday - March 3, 2020 at 0800 hours, the CCC and SRECS will start using the “Pandemic Illness” caller interrogation card. Please be advised that if through the interrogation process the Communications Specialist identifies a high risk individual, you will be notified on your pager and in the initial dispatch of the call.

As of this notice, we are unaware of any confirmed or suspected cases in our community, but this approach is intended to be a proactive measure to provide our personnel with a heads-up.

Response Considerations:

- This proactive measure is not a reaction to any increased numbers in cases locally;
- If you do receive notification of a suspected patient, please plan accordingly. PPE should be donned prior to making contact with the patient. A single provider should make initial contact with the patient and start an assessment. Inquire about their most prominent complaint (e.g., fever, cough, etc.) and make a decision of “Sick vs. Not Sick”. Please refer to the guidance provided in **SPECIAL NOTICE 20-005 – SPOKANE COUNTY EXPECTED CLINICAL ACTIONS FOR COVID-19 PATIENTS**
- Make sure to use the “Influenza Screening” and “Patient Travel” forms in the forms tab of ESO. These will assist us in tracking the patient for Regional Health. In your narrative, please provide any details that you are able to obtain from the patient regarding contacts with others, travel locations, etc. This information is essential to the tracking process and health system response to any patients that arise in Spokane.

Sincerely,

Deputy Chief
Shawn Arold



SPECIAL NOTICE 20-007

DATE: March 12, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

WORK RESTRICTIONS AND EXPOSURE RISKS

Department Personnel,

Below you will find a table we will be using as a guideline for exposures and risks. As a reminder, if you receive dispatch information (suspected or confirmed coronavirus or influenza symptoms) then PPE should be donned prior to making contact with the patient. A single provider should make initial contact with the patient, have a mask placed on the patient and start an assessment. Inquire about their most prominent complaint (e.g., fever, cough, etc.) and make a decision of “Sick vs. Not Sick”. Please refer to the guidance provided in **SPECIAL NOTICE 20-005 – SPOKANE COUNTY EXPECTED CLINICAL ACTIONS FOR COVID-19 PATIENTS.**

The following guidelines will assist with determining an exposure risk. Your initial point of contact for an exposure is your supervisor (Captains or Battalion Chiefs)

Table 1: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
A. HCP (with unprotected eyes, nose, or mouth) ² who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).	High	Active	Exclude from work for 14 days after last exposure

Table 1: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
<p>B. HCP who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) and not using a gown and gloves. Note: If the HCP’s eyes, nose, or mouth were also unprotected they would fall into the high-risk category above.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>C. HCP (with unprotected eyes, nose, or mouth)² who have prolonged close contact with a patient <i>who was not wearing a facemask</i>. Note: A respirator confers a higher level of protection than a facemask. However, they are group together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient <i>who was not wearing a facemask</i>.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>D. HCP (with unprotected eye, nose, and mouth)² who have prolonged close contact with a patient <i>who was wearing a facemask</i>.</p>	Medium	Active	Exclude from work for 14 days after last exposure
<p>E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene Note: If the HCP performed hand hygiene immediately after contact, this would be considered low risk.</p>	Medium	Active	Exclude from work for 14 days after last exposure

Table 1: Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
<p>F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient <i>who was wearing a facemask</i></p> <p>Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as <i>low-risk</i> because the patient was wearing a facemask for source control.</p>	Low	Self with delegated supervision	None
<p>G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient</p>	Low	Self with delegated supervision	None
<p>H. HCP (not using all recommended PPE) who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)</p>	Low	Self with delegated supervision	None
<p>I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room</p>	No identifiable risk	None	None

HCP=healthcare personnel; PPE=personal protective equipment

¹ The distinction between the *high-* and *medium-risk* exposures in this document is somewhat artificial as they both place HCP at risk for developing infection and the recommendations for active monitoring and work restrictions are the same for these exposures. However, these risk categories were created to align with risk categories described in the [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings](#), which outlines criteria for quarantine and travel restrictions specific to high-risk exposures. Refer to that Interim Guidance for

information about the movement, public activity and travel restrictions that apply to the HCP included here.

² For the purposes of this guidance ‘unprotected’ means not wearing any PPE over the specified body part. For example, unprotected eyes, nose and mouth mean HCP are not wearing eye protection and either facemask or respirator. While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk.

III. Recommendations for Monitoring Based on COVID-19 Exposure Risk

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work

1. *High- and Medium-risk* Exposure Category

HCP in the *high- or medium-risk* category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)* they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

2. *Low-risk* Exposure Category

HCP in the *low-risk* category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)*. They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. They should have their temperature retaken and symptoms assessed by the healthcare facility each day before starting work. On days they are not working they are not required to report unless they develop symptoms. If they develop fever (measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

3. *No Identifiable risk* Exposure Category

HCP in the *no identifiable risk* category do not require monitoring or restriction from work.

4. Community or travel-associated exposures

HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according [CDC guidance](#). HCP who fall into the *high-* or *medium-risk* category described there should undergo monitoring as defined by their local or state public health authority and be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

*Fever is either measured temperature $\geq 100.0^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ($< 100.0^{\circ}\text{F}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.

Sincerely,

Deputy Chief
Shawn Arold



SPECIAL NOTICE 20-008

DATE: March 12, 2020

TO: All Personnel

FROM: Michael R. Charter - Division Chief of EMS

EMPLOYEE WELLNESS CHECKS DURING PANDEMIC EVENTS

Department Personnel,

Below you will find a table we will be using for screening our shift personnel for the presence of COVID-19 symptoms. Captains/OCCT will ensure their assigned personnel are checked prior to the start of each shift. If at any time during the shift a crew member notices the onset of any of these symptoms, the check will be performed again.

The EMS Division is currently working to secure additional thermometers for performing these checks, but availability is limited at this time. Until a station thermometer supply can be secured, please utilize your Exorgen Thermometers from your apparatus medical equipment.

Fever of 100.4 degrees F?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Vomiting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
ANY ONE OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.			
Do you currently have the following:		Details	
Muscle aches and pains?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nonproductive cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Runny nose?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Nausea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
ANY TWO OF THE ABOVE CONSISTUTES AUTOMATIC RELIEF FROM DUTY.			

The BC/OCBC will check with each Captain/OCCT during the Morning Briefing to confirm that the check was performed.

Captains/OCCT will immediately notify the BC/OCBC of personnel meeting the “Automatic Relief from Duty” criteria. The BC/OCBC will initiate the exposure reporting process, arrange for a replacement, and provide notification to the Command Staff using the “All Chiefs” email group.

Michael R. Charter - Division Chief of EMS



SPECIAL NOTICE 20-009

DATE: March 12, 2020
TO: All Personnel
FROM: Shawn Arold, Deputy Chief

DIRECTED WORK ABSENCES DURING THE CURRENT PANDEMIC

Department Personnel,

During the current pandemic, the SVFD is working to ensure our response provides the maximum protection for our employees and the public. As a result, the department is issuing the following guidance.

- Should the department determine an employee or employees have been exposed to the Covid-19 virus the employee or employees may be released from work. The employee(s) will be directed to not return to work for 14 days.
- After 14 days, if the employee(s) remain asymptomatic they will be permitted to return to work. If the employee(s) develop symptoms consistent with Covid-19 the employee(s) shall notify the department as soon as possible. In such cases the department, working with the employee(s) will determine appropriate courses of action based on the specific situation.
- If directed to leave work for a Covid-19 related exposure incident, sick leave will not be charged to the employee's account.

Should the employee(s) not want to go home, the SVFD will work with the employee(s) to make other arrangements. The department will coordinate with family members to provide support for these employee(s).

Sincerely,

Deputy Chief
Shawn Arold



SPECIAL NOTICE 20-010

DATE: March 13, 2020
TO: All Personnel
FROM: Michael R. Charter – Division Chief of EMS

USE OF 200-LS RESPIRATORS FOR PANDEMIC THREAT PPE

Department Personnel,

Current personal protective guidance for the use of masks for the COVID-19 threat is the use of N-95 certified mask or higher. The SVFD utilizes the MSA 200-LS half-face respirator with the P100 filter which is rated higher than the N-95.

According to the manufacturer (MSA), the P100 filter can be used multiple times until breathing becomes restricted and then it must be replaced. It must also be replaced if there is direct contamination on the filter from a biological product or fluid.

Replacement filters are currently located at Station 3, but we have secured a supply of them that will be available through V21, V22, and V31 once they arrive.

Once personal decontamination procedures have been completed, to decontaminate the 200-LS after patient contact:

1. Disconnect the filters from the mask;
2. If the P100 filters are directly contaminated, dispose of them in a Red Bag;
3. For non-directly contaminated filters - disinfect the exposed P100 filter surfaces with disinfectant wipe or spray disinfectant;
4. Use another wipe or spray to thoroughly clean all remaining surfaces of the mask;
5. Set mask and P100 filters aside to dry away from the doffing area;
6. Reconnect the P100 filters to the mask once they have both have dried.

Please refer to the following file in the Target Solutions File Center for proper donning, doffing, and cleaning of the MSA 200-LS respirator: 200LS Respirator.mp4

It can also be accessed via YouTube: <https://youtu.be/Pvn85mdZbP8>

Michael R. Charter – Division Chief of EMS



SPECIAL NOTICE 20-011

DATE: March 13, 2020
TO: All Personnel
FROM: Michael R. Charter – Division Chief of EMS

RESPONSES TO NURSING HOMES AND ASSISTING LIVING FACILITIES

Department Personnel,

Washington Governor Inslee issued new rules on March 10, 2020 concerning visitors, screening, and precautionary measures in nursing homes and assisted living facilities. These rules were previously in place for King/Snohomish/Pierce counties, but are now in effect for the entire state.

- Visitors must be adults and the visit must take place in the resident's room.
- All visitors must follow COVID-19 screening and follow reasonable precautionary measures. Precautionary measures include, but are not limited to, wearing personal protective equipment, social distancing, or visiting in designated locations.
- All visitors must sign into a visitor's log. Logs must be retained for 30 days.
- Employees/volunteers must be screened for COVID-19 symptoms each shift.
- People who live in nursing homes or assisted living facilities and who test positive for COVID-19 must be isolated away from other people.
- Owners, operators, staff and volunteers are prohibited from disclosing protected and confidential health information, except as otherwise provided by law or with consent.

We have already had crews stopped upon entry for EMS calls at several facilities and requested to sign in, provide identification, and have temperatures taken. We are working on a process within the region to expedite entry for emergent calls. Until then, the following guidelines apply:

- Comply with the requests of the facilities as these requirements are being placed on them by their regulatory authorities.
- Please have your department ID in your possession while on duty.
- If the facility will accommodate for emergent incidents:
 - Consider leaving one crew member behind to provide information to the staff as the rest of the crew makes patient contact (likely after having temperature taken).
 - Or, provide the information at the conclusion of the incident.

Michael R. Charter – Division Chief of EMS