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| Revision No. | Date  
(DD/Month/YYYY) | Author, Agency Designator | Revision Summary |
|-------------|----------------|
| 8           | 29 March 2020  | D/E G. Carter, SNC        | -Updated Situation section.  
-Removed old “Sick at Home” flowchart from Rev_3.  
-Added PPE Use Considerations Section  
-Update to Logistics sect. language.  
-Added Updated “Sick at Home” flowchart to Comps/Claims section, N. Sanders 3/28/2020.  
-Updated Terminology & Abbreviations Section.  
-Added safety language in cleaning and disinfecting section: SDS and PPE.  
-Updated App. 3 – State Level |
| 9           | 31 March 2020  | D/E G. Carter, SNC        | -Updated Situation Section.  
-Updated safety message language per C. Potts 3/31/20.  
-Added CA DFHE language & web link regarding COVID19.  
-Added Federal Medical Station (FMS) section.  
-Updated Terms & Abbvs.  
-Updated App. 4.0.  
-Updated App. 6.0.  
-Updated App. 7.0 to ‘FMS’  
-Moved Resiliency docs to new App. 8.0. |
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| 10          | 02 APR 2020          | D/E G. Carter, SNC        | - Updated Situation Section.  
- Added Finance language.  
- Added 24-hr. PIO phone #.  
- Updated App. 8 w/ SCFD-specific Peer Support links. |
| 11          | 06 APR 2020          | D/E G. Carter, SNC        | - Updated Situation Section. This includes addition of live hyperlinks to federal, state, county, and local situation info.  
- Updated references to 'FRC' language in both 'Federal Medical Station – FMS' section and terms/abbreviations.  
- Updated App. 7.0 (FMS/FRC)  
- Included enhanced PPE doc  
- Pre-plan map 4/4/2020  
- Hazmat/gases map 4/2/2020 |
| 12          | 08 APR 2020          | D/E G. Carter, SNC        | - Added confidentiality and HIPAA reminder. (Pg. 25)  
- 7990OC – O/C C19 paycode added [FINANCE] (Pg. 47)  
(HIPAA language added) (Pgs. 51 – 52) |
| 13          | 10 APR 2020          | D/E G. Carter, SNC        | - Added SCFD masking and face covering documents to App. 6.0 (Pgs. 122 - 126)  
- Added corresponding language in ConOps (Pgs. 21-23). |
References/Further Information

1. Santa Clara County Public Health Novel Coronavirus (COVID-19) Update Page
   
   https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/home.aspx

2. Santa Clara County EMS (SCC-EMS) Main Page
   
   https://www.sccgov.org/sites/ems/Pages/ems.aspx

   

4. California Office of Emergency Services (CalOES) Home Page (Newsfeed) –
   
   https://www.caloes.ca.gov/

5. California Department of Public Health (CDPH) - Coronavirus Disease 2019 (COVID-19) Daily Updates Page
   
   https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx

6. California Department of Public Health (CDPH) Immunization Branch - COVID-19 Guidance Documents Page
   
   https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Guidance.aspx

7. Santa Clara County Public Health – Novel Coronavirus 2019 Page
   
   https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/home.aspx

8. City of Santa Clara, California – General Public Main Page (Newsfeed) –
   
   https://www.santaclaraca.gov/
Introduction

Purpose

The primary focus of this plan is to document and sequence the preparations by Santa Clara Fire Department (hereafter referred to as ‘SCFD’) to prepare for widespread infectious disease or pandemic behavior by the 2019 novel coronavirus (COVID-19) which could eventually lead to a community emergency, or even initiate a disaster response.

Objectives

- Provide for the health and safety of all personnel assigned to this incident by limiting the potential for on-duty and secondary exposures.

- Continue continuity of all-hazards fire department coverage for the community.

- Maximize the ability for 911 Dispatch to identify the potential for COVID-19 prior to arrival and advise responding personnel.

- Increase PPE protective posture on EMS calls in accordance with current SCC EMS and public health guidance.
COVID-19 RESPONSE PLAN & CONOPS
City of Santa Clara Fire Department
[REVISION-14] Dated 14 APRIL 2020

• Document all potential and confirmed exposures to COVID-19 in accordance w/ agency protocol and other applicable guidance.

• Decontaminate PPE, apparatus, and stations following CDC recommendations follow all potential or confirmed exposures to COVID-19.

• Conduct inventory to confirm amount of CDC-recommended PPE on-hand and monitor current availability through local and statewide supply chains.

• Implement self-quarantine, quarantine, and isolation policy/procedure for exposed members and those who test positive for COVID-19.

• Follow recommended local health department testing protocols for suspected or confirmed exposures.

• Address administrative issues/workers’ compensation for quarantined or isolated members.

Revisions / Document Control

This is a living document that will be periodically revised based on changes in scope, operational needs, resource availability, et cetera.

All changes and revisions shall be documented on the revision tracking page at the beginning of this plan. Only the most-current revision as promulgated by the department’s Incident Management staff shall serve as the “live” document. All other versions shall be superseded by the most-current revision.

This document shall be subject to the retention requirements deemed appropriate by the parent / initiating agency.

Security / Classification

This response plan & CONOPS is not subject to law enforcement security requirements and is unclassified at this time. There are no limits currently on its dissemination or sharing outside of the parent/initiating agency to other allied partners/agencies, provided permission is obtained through the chain-of-command.
Background & Strategic Considerations

Situation Updates

Situation in the United States

Several U.S. government organizations at the federal and SLTT (state, local, tribal and territorial) levels are currently responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in the People’s Republic of China and has since been detected in over 100 locations internationally, including the United States (source: CDC update 3/12/2020). The virus of concern has been designated “SARS-CoV-2” and the disease caused by it has been named “coronavirus disease 2019” (abbreviated as “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 11, 2020, the WHO publicly characterized COVID-19 as a pandemic.

On Friday, March 13, 2020, the White House declared a national emergency under the Stafford Act, which will free up greater federal resources for states and cities battling COVID-19.


Situation in California

On March 12, 2020, the California Office of Governor issued an executive order enhancing state and local government’s ability to respond to the COVID-19 pandemic. This executive order can be viewed at: https://www.gov.ca.gov/2020/03/12/governor-newsom-issues-new-executive-order-further-enhancing-state-and-local-governments-ability-to-respond-to-covid-19-pandemic/

On March 16, 2020, the public health officers of six San Francisco Bay Area counties directed all individuals living in the affected region to shelter at their place of residence except to leave to provide or receive essential services only, or to engage in certain essential work or activities essential for business or government. This order exempted individuals experiencing homelessness from the shelter-in-place directive but urged them to find shelter and for government agencies to provide it. All businesses and government agencies were directed to cease non-essential operations at physical locations in the affected region. All non-essential gatherings of any number of individuals was prohibited in the affected region. All non-essential travel was ordered to cease.
On March 19, 2020, the State Public Health Officer and Director of California Public Health ordered all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the critical infrastructure sectors as outlined by the federal government. The emergency services sector, including Fire and EMS response, is identified as critical infrastructure. More information on identifying critical infrastructure during COVID-19 can be found on the U.S. Department of Homeland Security (DHS) Cyber and Critical Infrastructure Security Agency (CISA) webpage here: https://www.cisa.gov/

California is responding to the spread of a respiratory illness caused by a novel coronavirus (COVID-19). California is actively working with the White House, Centers for Disease Control and Prevention (CDC), local governments, health facilities, and health care providers across the state to prepare and protect Californians from COVID-19.

For a situational update on the most-current number of COVID-19 related positive cases, hospitalization, deaths, and the status of statewide health laboratory testing, click on the California Flag below to be hyperlinked to the California Department of Public Health (CDPH) daily updates webpage:

Source:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx
Situation in Santa Clara County

The County of Santa Clara Public Health Department continues to work closely with healthcare providers, hospitals, and partners to address the impacts of novel coronavirus. The department is taking action to protect the public and keep the community informed.

On March 16, 2020, the public health officer of Santa Clara County, in agreement with the health officers of six other Bay Area counties, directed all individuals living in the county to shelter at their place of residence except to leave to provide or receive essential services only, or to engage in certain essential work or activities essential for business or government. This order exempted individuals experiencing homelessness from the shelter-in-place directive but urged them to find shelter and for government agencies to provide it. All businesses and government agencies were directed to cease non-essential operations at physical locations in the county. All non-essential gatherings of any number of individuals was prohibited in the county. All non-essential travel was ordered to cease.

On March 31, 2020, the public health officer of Santa Clara County extended the shelter in place orders currently in-effect within the County until May 3rd, 2020. The original orders issued on March 16th had been set to expire on April 7th. This order extension directed all individuals living in Santa Clara County to continue sheltering at their place of residence except for essential needs. Homeless individuals remain exempted from this order but government agencies are urged to provide them with shelter and hand sanitation facilities. Further, public access to recreation areas such as playgrounds, recreation centers, dog parks, etc. was restricted. Businesses deemed as essential under the original order were also directed to implement social distancing protocols, and to develop, post, and enforce a social distancing policy if not already done. Essential business activities were further amended and clarified, and essential businesses currently in operation were directed to secure any non-essential operations. Residential and commercial construction was directed to cease except where deemed essential (i.e. shelters, medical facilities, repairs to essential structures, public works maintenance). All business and governmental operations were directed to further cease non-essential operations.

The full text of this order extension can be found in Appendix 4.0 of this document, or located online at:

For a situational update on the most-current number of COVID-19 related cases and deaths in Santa Clara County, as well as the hospital data and laboratory testing dashboards, click on the county logo below to be hyperlinked to the S.C. County Public Health Coronavirus (COVID19) Data Dashboard webpage:

Source: https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/home.aspx

Source: https://www.sccgov.org/sites/phd/DiseaseInformation/novel-coronavirus/Pages/dashboard.aspx
Situation in City of Santa Clara

On the evening of March 11, 2020, the Santa Clara city manager proclaimed a local state of emergency to prepare for the growing spread of novel coronavirus (COVID-19) in the community. Per the City Code, the city manager as the City of Santa Clara’s Director of Emergency Services has the authority to proclaim a local emergency. The city council is scheduled to ratify the proclamation at the Tuesday, March 17, 2020 council meeting. This proclamation will help ensure the city’s continuity of essential operations in response to this emerging public health threat.

For the latest public information and community resource updates on COVID-19 in the City of Santa Clara, CA, click on the city logo below to be hyperlinked to the Santa Clara Coronavirus updates webpage:

Severity

The complete clinical picture regarding COVID-19 is not yet fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, reports out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at a higher risk of developing serious COVID-19 illness.
These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath


More info on COVID-19 symptoms and severity can be found on the CDC website here:


**Spread and Behavior**

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, 2020, the COVID-19 outbreak was publicly characterized as a pandemic by the WHO.

Different parts of the United States are seeing different levels of COVID-19 activity. Nationally, the U.S. is experiencing community spread, with several states now in the acceleration phase. The duration and severity of each phase can vary depending on the characteristics of the virus and the public health response.
• CDC and state and local public health laboratories are testing for the virus that causes COVID-19. A map of health testing laboratories in the U.S. can be found here:


• More and more states are reporting cases of COVID-19 to CDC. A map of states reporting cases of COVID-19 to the CDC can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html#reporting-cases

• U.S. COVID-19 cases include 1) Imported cases in travelers, 2) Cases among close contacts of a known case, and 3) Community-acquired cases where the source of the infection is unknown.

• Current U.S. case counts, deaths, and surveillance data can be viewed here:


Click on U.S. map to be taken to current CDC COVID-19 case updates
Planning Section

Plan Assumptions

More cases of COVID-19 are likely to be identified in the coming days, including more locally and across the U.S. It is likely that person-to-person aka community spread will continue to occur in areas heavily impacted by the illness. It is very likely that widespread transmission may occur in the U.S. at some point.

Widespread transmission of COVID-19 would translate to large numbers of citizens requiring medical care simultaneously. Schools, childcare, senior centers, workplaces, places of worship, and other venues for mass gathering may experience increased absenteeism. Public health systems and hospitals may become overwhelmed with elevated rates of hospitalizations and deaths. Other critical infrastructure and community services, such as public safety and transportation, may also be heavily impacted.

At this time, there is no vaccination to inoculate against COVID-19, and no medications as of yet are approved to treat the illness or lessen the severity of its symptoms. Nonpharmaceutical interventions would be the most important response strategy.

The department will use these planning assumptions going forward, and will adjust accordingly as new information is discovered about COVID-19, its behavior, and treatment modalities:

- Precautions such as social distancing, enhanced responder PPE posture, “airlocking,” regular responder health checks before/during/after duty, robust disinfecting/decontamination, and increased personal hygiene greatly reduce the spread of the disease.
- The impact of COVID-19, like any other similar infectious disease, could be long term. The history of such events indicate they can last from a few months to several years, containing multiple periods of peak disease activity.
- The fire department will assume for planning purposes an initial challenging period lasting weeks to months in duration, with possible multiple peak illness periods within that period.
- Demands for the departments emergency medical services will likely increase during the illness. For planning purposes, the assumption is made that there will be an increase in medical aid calls during the peak impacts of a lengthy disease cycle based on current predicted infection rates.
- The department may experience an increase in absenteeism due to employee or family illness, or other impacts such as childcare needs.
Medical supplies and PPE that are needed during the response to and recovery from an infectious event may eventually be in short supply. The department may experience disruptions in supply chain services and support infrastructure during this event.

The CDC believes that the novel coronavirus is contagious during the incubation period (currently estimated to be 5 to 6 days on average and up to 14 days) and that symptoms can occur anytime between 2 to 14 days after exposure. Personal interactions within six feet could be infectious whether symptoms are present or not.

Coronaviruses can remain active on nonporous surfaces (steel, plastics, etc.) for hours or days at room temperature after being deposited. Exposed surfaces should be considered potentially contaminated until properly disinfected/decontaminated in accordance with current guidance. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings. At this time, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites.

There is no known vaccination for inoculation against COVID-19 at this time, nor will there be soon due to the normal length of pharmaceutical development, trials, and approval in the U.S. This is expected to change as more resources are brought to bear by academia, research, medicine, and the pharmaceutical industry.

Should new or existing antiviral or other medications be identified as effective for treating COVID-19, these medications could be limited in their overall effectiveness or run in short supply.

Plan Intent

This plan emphasizes **DISEASE PREVENTION**. Protection of the public safety workforce is critical to provide continuity of response and recover to our community. Vaccination and treatment options are uncertain at this time and may not be available for some time. Actions outlined in this plan are intended to minimize the possibility of illness for SCFD responders and support staff. They are also intended to preserve and maintain all-hazards response capabilities to protect and serve the community.

This plan is **SCALABLE**. The actions specified in this plan are based on scaling with the impact to the department and to the community: The greater the level of impact, the greater the level of action that will occur.
- This plan is **FLEXIBLE**. An infectious disease event like a pandemic is dynamic and unpredictable. Although the actions outline in this plan are based upon anticipated impact levels, the plan is intended to be flexible. Some actions may need to be taken earlier than planned, and others may never be taken at all. Additionally, other actions not currently specified in this plan may need to be taken due to emergent need.

- This plan is based on **INPUT** from all shifts, battalions, divisions, and functional groups within the department. A successful response and recovery from an infectious disease event requires department-wide coordination and communication. Working conditions and staffing levels may need to be adjusted to continue to provide protection and service to serve the best interests of the public.

- This plan **INTEGRATES** locally and regionally. This plan recognizes that our agency operates interdependently with other agencies such as Santa Clara County EMS, Public Health, Sheriff’s Office, local law enforcement, etc. SCFD will cooperate with and assist other agencies whenever possible to serve the best interests of the public.

- This plan requires **ACTION** before an event. Parts of this plan depend upon prior action(s). For example, using full PPE during a call depends of acquiring a sufficient PPE supply beforehand. Supervisors should remain informed on current action planning to make informed decisions to keep their personnel safe. All supervisors are responsible to ensure pre-event action(s) are completed for each function of the department.

- This plan emphasizes department **SELF-SUFFICIENCY**. Possible lack of normal mutual aid resources and supply chain disruptions may require the department to operate independently for long periods without outside support. Food stores, fuel, EMS equipment, cleaning/disinfecting supplies and PPE will be required to sustain extended independent operation. The department may have to leverage networks and relationships to bridge supply and support gaps.
Operations Section

Safety Message

The United States is dealing with the widespread transmission of coronavirus (COVID-19) and the threat of overwhelming hospitals and EMS systems. The spread of the virus is causing severe disruptions to everyday life and the systems that we operate within. As firefighters for the City of Santa Clara you are on the front line of pre-hospital care. Your mission includes keeping yourself, co-workers, families and the public as safe as possible. This requires perseverance and an ability to stay focused when busy, dealing with fatigue and repetition. Your fire department is continuing to work as a team to ensure the safety of all employees and their families. As an active member of this department, you play the largest part in this process by following procedure and protocol, keeping your guard up, and being a positive influence in the workplace. Look for problems, strive for solutions, and work as a team.

NOTE: in addition to focusing on response and preparedness, our leadership team is tasked with staying up to date on the spread of COVID-19 within the community, state and nation. This in an effort to ensure that new challenges are recognized and reacted to accordingly. As an agency, we will provide for the safety of all personnel, report injuries and exposures to the appropriate supervisor, and ensure that documentation and worker's compensation forms are completed to the most current standard.

If you feel sick, go home! If you are sick, stay home!

Social Distancing Message

On March 31st, 2020, Santa Clara County extended the current shelter-in-place public health orders and issued new restrictions regarding social distancing. To ensure compliance, SCFD is implementing the following procedures that must be followed by all employees:

- No socializing is permitted between different companies in a non-emergency setting. Example: No social interaction is permitted between crews that do not work at the same station. Personnel shall not be visiting each other while stopping by the Training Center, Station 1 for supplies or other stations for fuel. This would also include social interaction AFTER a multi-unit emergency response of any type.

- All fire station maintenance is suspended at this time and will only be authorized for emergency repairs. Emergency repair requests must be placed through DC Ray and Nicole Gresham. No personnel shall contact building maintenance directly. Personnel from any outside company coming to the station for an emergency repair shall not be permitted to enter the facility without first being health screened.
• All “airlocking” procedures will be followed at all times.

• All supply requests will be handled through Logistics Section Chief Orlando and crews should not be picking up any supplies from another station unless it is an emergency need. When emergency supply pickups or drop-offs do occur, social distancing restrictions will be followed at all times.

As we continue to adapt to the new guidelines being ordered by the Department of Public Health, SCFD will continue to issue new guidelines to ensure compliance. These guidelines are critical to maintaining the wellness of our workforce and we must set the example for our community to follow. It cannot be stressed enough how important it is that personnel follow similar social distancing guidelines while off-duty sheltering at home.

SOCIAL DISTANCING IS IN EFFECT BOTH ON AND OFF DUTY.

PLEASE DO YOUR PART TO KEEP EVERYONE HEALTHY.

CDC Recommended Use of Face Coverings On- and Off-Duty

On April 10, 2020, SCFD issued a procedure to comply with the CDC and State of California EMSA recommendations on first responders wearing a face covering both on- and off-duty. Santa Clara County is one of the national hot spots for high rate of COVID-19 community-based transmission. To comply with the recommendations AND protect our employees, SCFD issued face coverings that will be used while at work. On April 7, 2020, all suppression crews had 20 manufactured dust masks dropped off at all stations to be used for employee face covering. A face covering will be used by personnel while on-duty at the station and when out in the public. Employees are strongly encouraged to follow all CDC guidelines, including wearing face coverings, when off-duty as well.

More information regarding the CDC recommendations for wearing face coverings in areas with significant community-based transmission can be found here:


CDC guidance for making and wearing a face covering to help slow the spread of COVID-19 can be found here:


CDC cloth face coverings FAQs can be found here:

The following guidelines shall be followed by SCFD personnel:

- Face covering shall be worn and maintain coverage of the nose/mouth area throughout the shift with the following exceptions:
  
  o During periods where the employee is eating (appropriate social distancing of personnel should be maintained).
  
  o While in a **stationary** location where the employee is able to maintain distance greater than 6-feet from other personnel or the public:
    
    - These locations would be defined as an airlocked office, bedroom / sleeping cubicle, gym if alone and a sign is posted “in use,” or other similar spaces that can be secured for use by one person.
    
    - Does **NOT** include the common areas of the first station such as the kitchen, apparatus floor, dining area (when not eating), shop, dayroom, PPE storage room, etc.

- When in public a face covering shall be worn at all times (it is important SCFD is setting an example for our community).

- Face coverings other than the provided dust masks are permitted. The department is in the process of making cloth style face coverings that will be distributed to each employee. Logistics will distribute when completed.

The intent of the face covering is not to protect the wearer from exposure to others, but rather to **PREVENT** the wearer from unknowingly exposing others if they are asymptomatic carriers of the virus. Neighboring public safety agencies have been impacted by personnel unknowingly exposing their co-workers to COVID-19, and then the illness rapidly spread through the workforce. Adherence to the face covering guidance provided by public health professionals will help reduce the likelihood of illness spreading in our department, and help to actively manage risk should a potential exposure occur.

Further guidance regarding the use and intent of face coverings can be found in Appendix 6.0 of this document. Questions should be routed via your normal chain-of-command, with your immediate supervisor as your first, best point of contact.
General Employee Health and Safety

March 12, 2020 Recommendations from the County of Santa Clara Public Health Department for First Responders Regarding the Novel Coronavirus Disease 2019 (COVID-19)

In light of significantly increasing rates of COVID-19 in Santa Clara County, the Public Health Department is taking further steps to protect the health of our community. Public Health is recommending first responders take the following steps to protect themselves and their clients from the novel coronavirus:

• All staff who feel sick should stay home and not come to work.

• Any staff who becomes ill during their shift should immediately leave the workplace.

• Facilities should be thoroughly cleaned between shifts and high touch surfaces should also be frequently cleaned throughout each shift.

• Staff who are exposed to a confirmed case of COVID-19 should be excluded from work and stay home in voluntary quarantine for 14 days. They should self-monitor for fever and/or respiratory symptoms including cough or difficulty breathing. If symptoms do develop, they should contact their healthcare provider.

• If the number of staff who become excluded due to exposure begins to hinder the departments capacity to respond, the County of Santa Clara Public Health Department will work with the department to develop an appropriate plan.

• Learn your employer’s plan for exposure control and participate in all-hands training on the use of PPE for respiratory protection, if available.

• Avoid medical setting in general unless necessary. Practice excellent personal hygiene habits including:
  
  • Washing your hands with soap and water frequently,
  • Coughing into a tissue or your elbow,
  • Avoiding touching your eyes, nose, or mouth, and
  • Avoiding touching your eyes, nose, and mouth unless you’ve just washed your hands.
  • Clean frequently touched surfaces and objects (like doorknobs and light switches). Regular household cleaners are effective.

Also, get plenty of rest, drink plenty of fluids, eat healthy foods, and manage your stress to keep your immunity strong.

More information is available at: https://www.sccgov.org/sites/phd-p/Diseases/novel-coronavirus/Pages/home.aspx
Employee Health Screening Procedures

All suppression personnel will begin performing health screenings prior to, during, and at the conclusion of work cycles. Currently the department is maintaining the 48/96 work schedule (48 hours on duty, 96 hours off). The following procedure will be implemented beginning on March 16 at 1700 for ‘A’ shift personnel. The screening will remain in effect for the foreseeable future for all personnel.

Health Screening Procedure for Reporting for Duty

All personnel must be screened for COVID-19 signs and symptoms PRIOR to entering the living quarters of the fire station at the beginning of their set. It is understood that personnel get to the fire station at various hours of the day, but it is imperative that personnel coordinate with the Station Captain and go through a health screening no matter what time of day they go from “off-duty” to “on-duty.”

- On-coming shift employees will gather in the apparatus bay as a crew by 0800 and will NOT enter the living quarters of the fire station.

- The on-duty company officer is responsible for filling out the daily health screening form, which entails:
  
  Temperature Check (x3) with all results documented per current department recordkeeping method.

  o Respiratory symptom questions (yes or no)

- Once all employees have been checked and cleared (no fever or respiratory symptoms) they can place their PPE on the apparatus and enter the station.

- All documentation filed for the shift per current department recordkeeping method.

- If any positive results, notify the BC immediately and do not allow that employee to enter the station.

- Maintain social distancing guidelines for crew exchange and minimize interaction with off-going crew expect for necessary information exchange.

Health Screening Procedure for Middle of Set

- Middle of set screening will occur at 0800 of the second shift.
• The on-duty company officer is responsible for filling out the daily health screening form. Another member of the crew will screen the company officer. The screening entails:
  
  o Temperature Check (x3) with all results documented per current department recordkeeping method.
  
  o Respiratory symptom questions (yes or no)

• All documentation filed for the shift per current department recordkeeping method.

• If any positive results, immediately place employee on N95 mask, isolate, then notify the BC.

**Health Screening Procedure for Going Off-Duty**

• Wake-up and answer the morning alarm test at 0700.

• Report as a crew to the apparatus bay for off-duty health screening.

• The on-duty company officer is responsible for filling out the daily health screening form. Another member of the crew will screen the company officer.

• The screening entails:
  
  o Temperature Check (x3) with all results documented per current department recordkeeping method.
  
  o Respiratory symptom questions (yes or no)

• File paperwork in secure station file for shift per current department recordkeeping method.

• If any positive results, place employee on N95 mask, isolate, then notify the BC.

• Ensure station is cleaned and decontaminated for on-coming crew.

• Maintain social distancing guidelines for crew exchange and minimize interaction with on-coming crew except for necessary information exchange.
California DFHE Information Regarding COVID-19

On March 20, 2020, the California Department of Fair Housing and Employment (DFHE) issued guidance on employment information during the COVID-19 pandemic. This guidance covers issues such as maintaining employee confidentiality, performance of health screening in the workplace, handling of employee records related to COVID-19, and use of workplace leave. All company officers, chief officers, line personnel, and support staff should familiarize themselves with the content of this document. Supervisors shall maintain a good-faith effort to maintain the confidentiality of their personnel regarding positive health screening results or members self-reporting symptoms. Contact your immediate supervisor in the chain-of-command for any questions regarding this CA DFHE guidance. The full text can be located online here:

https://www.dfeh.ca.gov/


Confidentiality of personal information and HIPAA compliance

All personnel are reminded of their responsibilities regarding the handling of healthcare information and maintenance of confidentiality under the Health Information Portability and Accountability Act (HIPAA) and the California Confidentiality of Medical Information Act (CIMA). These not only apply as-normal to EMS care rendered to patients, but also to employees in SCFD who are sent home sick after a failed healthcare screening, or who call in sick as a precautionary measure to combat potential workplace spread of COVID-19.

All personnel are reminded of the importance of using the chain-of-command for any inquires involving confidential or otherwise protected information regarding both patients and employees. Your first and best contact is your immediate supervisor.

All personnel are reminded that, as employees of a public agency subject to the California Public Records Act, their communications are subject to inspection and disclosure to the public upon request, unless specifically exempted by law. Electronic communications, including email, are discoverable in a court of law.
Response Safety

Personal safety, including limiting exposure risk, is the priority when responding to medical emergencies.

PPE will be donned in accordance to current SCFD policies/procedures and SCC EMS policy #700-S09 ‘Infectious Disease Control Measures.’


See Appendix 6.0 – Agency Generated Guidance for latest revision of SCFD EMS PPE Response Checklist – COVID-19

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<tr>
<th>EMS RESPONSE WITH UNIVERSAL PRECAUTIONS</th>
<th>EMS RESPONSE WITH MEDIUM RISK PRECAUTIONS</th>
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<tr>
<td>UNIVERSAL PRECAUTIONS WILL BE CONSIDERED: EYE PROTECTION, GLOVES AND EMS COAT</td>
<td>MEDIUM PRECAUTIONS WILL BE CONSIDERED: UNIVERSAL PRECAUTIONS WITH THE ADDITION OF AN N95 MASK (OR P100 WHEN APPLICABLE)</td>
<td>HIGH PRECAUTIONS: MEDIUM PRECAUTIONS WITH THE ADDITION OF IMPERMEABLE GOWN</td>
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<td>THESE PRECAUTIONS SHALL BE THE MINIMUM WORN BY ALL EMS PROVIDERS</td>
<td>THESE PRECAUTIONS SHALL BE WORN BY DESIGNATED PATIENT PERSON AND ALL EMS PROVIDERS THAT BREAK THE 6 FOOT BARRIER</td>
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Crews should limit exposure risk by implementing the following practices where applicable:

1. Crew members donning appropriate PPE.
2. Identifying one crew member as the patient contact person:

   This person should be the only one entering the 6-foot barrier and only if absolutely necessary due to patient's condition warranting immediate engagement to render care.
If the patient’s condition is critical, multiple crewmembers may need to engage in patient care. In these instances, only the members that are needed to perform the required critical care should break the 6-foot barrier.

Any crew member within the 6-foot barrier must don the appropriate PPE for the type of risk.

3. Having the patient meet the crew outside whenever possible.

Medical patients should initially be placed on N95 mask (or surgical mask if available) as a barrier device to limit source of exposure.

If patient needs supplemental oxygen, consider nasal cannula under N95 or NRB if warranted

Doff and dispose of PPE appropriately.

Wash hands immediately after patient contact, or in this is not available use approved hand sanitizer until hand washing is available. If hand sanitizer is used, wash hands with soap and water in accordance with current CDC guidance at the soonest opportunity.

PPE Use Considerations

The Illinois Fire Service Institute (IFSI) at U of I Urbana-Champaign presented an online forum on COVID-19 responder protective measures and PPE use considerations on 3/27/2020. The information presented provides additional emphasis on the importance of on-scene safety measures and exposure controls taken to-date by SCFD. For consideration, a summary of the information presented during this IFSI forum follows:

OSHA and CalOSHA recommend that a “hierarchy of controls” be used when evaluating how a hazard should be actively mitigated in the workplace. In a perfect situation, hazards are designed out of the workplace through elimination or substitution. This works in a factory or other controlled, static workplace.

Unfortunately, the dynamic nature of our job as emergency responders oftentimes means we have little to no design or substitution control over the scenes to which we must respond.
During COVID-19 responses, responders must use the bottom three layers of the hierarchy of controls to the maximum effect to ensure safety while executing the mission: Engineering Controls, Administrative Controls, and Personal Protective Equipment (PPE).

Engineering controls that can improve responder safety and actively manage exposure risk on-scene include:

- Maintaining a 6 foot distance (SCFD term is “6-ft. barrier”).
- Minimize the time of patient contact to that which is absolutely necessary.
- Time – Distance – Shielding
  - **Time** – Minimize time spent around the patient aka “the source.”
  - **Distance** – Maximize distance: 6-ft. barrier, conduct a “doorway” assessment. Leave person at rig for security as well as exposure control when possible (company officer’s discretion on high-acuity calls)
  - **Shielding** – Barrier between you and patient (aka “source”): This is PPE.

Administrative controls that can improve responder safety and actively manage exposure risk on-scene include:

- Modified dispatch protocols.
- Standard Operating Guidelines (SOGs)
- Modified rules-of-engagement (ROE)
- Enhanced interagency coordination w/ allied response partners (FD, PD, EMS, etc.)
- Following established guidance (CDC, CDPH, SCC EMS, etc.)

Personal Protective Equipment (PPE):

- Follow your established and modified protocols regarding PPE. The response to COVID-19 requires three planning levels: Conventional, Contingency, and Crisis.

Duty uniforms may require modification during this response as-needed to control exposure risk. Wash/launder uniforms frequently. Give consideration to bringing spare sets and extra uniform items if you will be bouncing between multiple duty locations in a shift or a set. You may have to change uniforms between duty locations. Follow uniform and grooming modifications as approved by your chain-of-command.

**PROPER DONNING AND DOFFING OF PPE IS A CRITICAL EXPOSURE CONTROL MEASURE. DO NOT BECOME COMPLACENT AFTER THE CALL WHEN DOFFING AND DISPOSING OF USED PPE.**
Donning and Doffing of PPE:

- Focus on your technique. Don’t get complacent.
- Ensure a proper fit.
- Give consideration to a “clean” / “dirty” method of conducting operations.
  - “Clean” person assists operation / “dirty” person is in exposure zone.
  - “Clean” hand passes in items from outside / “dirty” hand does the work.
  - Your PPE has a “clean” inner side / and a “dirty” outer side.

Notes on glove use:

- Give consideration to double-gloving where possible (as approved and while supplies are sustainable), especially for personnel making pt. contact.
  - Working outer “dirty” set.
  - Inner “clean” inside set.
  - Use the outer “dirty” working set for work i.e. pt. care. Doff them carefully, then use the “clean” inner set for doffing PPE (goggles, glasses, mask, etc.). This takes preplanning and practice to do carefully and effectively.

Use of Engineering and Administrative controls is key to ensuring you don’t burn through your PPE too fast and make your supply last.

More information on this IFSI COIV-19 responder information resource can be located at:

https://www.fsi.illinois.edu/content/covid19/FSI%20COVID-19%20Overview/Facebook%20Forum%20Resources.cfm
Risk Assessment

RISK ASSESSMENT FLOWCHART
Be aware that this is an ever-changing plan, below is just a visual of a rough outline of what to expect. We need to take the appropriate steps to remain in the “low risk” category.


This chart was created using CDC guidance and Occ Health recommendations
For a possible exposure, follow normal department policies (and contact BC/ATO) In the event the designated infection control officer (DICO) is contacted about a confirmed case, the crew will be contacted immediately. Since testing may not occur immediately, the notice may come while off duty.

The shift BC/ATO, EMS McGhie and OPS Chief Madden will coordinate getting you the most current information and guidelines. These are changing rapidly, and our goal is to keep our personnel informed.

Below is some information from CDC that may be helpful. There are links to CDC information as well as some definitions.


Scroll down in the above webpage to find information on exposure risk assessment

Glossary of Terms (definitions from CDC):

**Symptoms compatible with COVID-19**, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.

**Self-observation** means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**Self-monitoring** means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**Self-monitoring with delegated supervision** means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of
personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization should remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

**Self-monitoring with public health supervision** means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allow, health authorities may also check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers’ final destinations.

**Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For people with high-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

For HCP, active monitoring can be delegated by the health department to the HCP’s healthcare facility occupational health or infection control program, if both the health department and the facility agree. Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

**Close contact for healthcare exposures is defined as follows:** a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a
facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or – b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

**High-risk** exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.

**Medium-risk** exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating 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 brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

**Isolation** means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable
disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person’s movement outside their home.

Social distancing means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.


Outline of PPE recommendations from CDC (just for reference, SCCO EMS, DPH and SCFD policies are what we should be using, they will continually be assessed during this period): https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html


Explanation of the criteria CDC recommends to approve N95’s past shelf life: https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html

Note for crews: Dr Miller explains when to use P-100 versus N95’s, “Hand washing, gloves and eye protection along with an N-95 or P-100 respirator would be protective. P-100 respirators would be indicated for aerosol-generating procedures (BVM ventilation, airway suctioning, LMA insertion, direct or video laryngoscopy, endotracheal intubation, nebulized albuterol or saline and CPAP)".
Emergency Medical Dispatch (EMD) Recommendations

On March 11th, 2020, the County of Santa Clara EMS Agency released Emergency Medical Dispatch (EMD) protocols to identify possible coronavirus cases through questions of travel history and symptoms checks. Their recommendations for EMD procedures follows:

From an EMS perspective, a **suspective case** would be a person with fever and respiratory symptoms (e.g. cough, shortness of breath) who has traveled from China, Japan, South Korea, Iran or Italy in the previous 14 days. **Additionally, a 911 caller may voluntarily state they have been diagnosed with COVID-19 (by laboratory testing) or are a close household contact of a person with the disease or at high risk for it.**

The International Academies of Emergency Dispatch (IAED) recommends travel screening for 911 EMS responses with patients presenting with symptoms evaluated by MPDS Protocol 26 (Sick Person) and Protocol 6 (Breathing Problems). That travel screening would apply to 911 callers for patients with **respiratory-type illness with fever and travel from China, Japan, South Korea, Iran or Italy within the previous 14 days.**

911 EMS Medical Priority Dispatch System (MPDS) call processing:

- Case entry
- Key questions
- Omega, Alpha, Bravo, Charlie, Delta, Echo determination
- Protocol 26 or 6 for **respiratory-type illness with fever**
- Travel question #1: **'Have you traveled outside of the US in the previous 14 days?'**
  - If no, proceed with protocol completion per EMD Center policy
  - If yes, proceed to Travel Question #2
- Travel question #2: **'What country have you visited?’**
  - If the county visited is not one of those of concern proceed to protocol completion per EMD Center policy
- Affirmative response triggers advisement to responding units: **“droplet and contact precautions advised”**
- Voluntary statement of caller indicating laboratory diagnosis of disease or exposure to a person with the disease or at high risk for it
  - Triggers advisement to responding units: **“droplet and contact precautions advised”**
- Protocol completion per EMD Center policy

The Emerging Infectious Disease Surveillance (EIDS) tool may be used at EMD Center discretion.
By identifying a suspicious case of COVID-19 during 911 call processing, an EMD Center will advise responding EMS resources of “droplet and contact precautions advised.” This advisement will prepare resources to don appropriate PPE prior to patient contact and prompt notification of a destination hospital by the EMS responders on ringdown regarding patient symptoms and travel.

This is an evolving situation. As more is learned about the disease and its transmission, EMS and EMD practices may need to be modified further. The two travel questions will remain constant with the variable being the list of countries of travel origin. As disease incidence increases travel history will become less useful in PPE decisions. The addition in this update is guidance on 911 callers volunteering COVID-19 diagnosis or exposure.
Police Department Response

A summary of current Santa Clara Police Department (SCPD) protocols regarding responding to a resource request by SCFD:

- Dispatch has been advised to send SCPD units to only the most critical medical calls. SCFD is aware of PD’s response protocol and will only request PD when absolutely needed.

- In case the need arises to contact an individual showing flu like symptoms, Coronavirus kits have been placed in the trunk of every patrol car. Each kit contains: military grade coverall with hood and boots, gloves, and instructions for donning the PPE kit. Note: Donning PPE may delay an officer’s response into the scene.

- Dispatch will be implementing a new protocol regarding Coronavirus. If the caller states that they have tested positive for the virus, dispatch will advise PD units that there is a “Positive Lab Result” at that call location.

- Fire will only request an SCPD response into a location with “Positive Lab Results” when absolutely necessary. Officers responding should utilize the Coronavirus kit contained in their patrol car should they need to enter and make contact. Officers should then notify their supervisor and get decontaminated at the scene by Fire before re-entering their police vehicle.

- In the event of an exposure, decontamination will need to start at the scene. All clothing and equipment must be bagged and red-tagged at the scene. SCFD should be contacted to assist with proper decontamination methods and equipment prior to re-entering a patrol vehicle.

“Airlocking” and Isolation Procedures

Fire departments in the hard-hit Seattle area have instituted a practice they term “airlocking” to prevent all unnecessary contact between suppression personnel and critical administrative/support staff. This includes administrators, technical support, fleet mechanics, and personnel at regularly visited logistics hubs (in our case, Stations 1-EMS, Sta. 2-Training Division, and Sta. 9-PPE & Airpacks). Like wildland firefighting, the idea is to create a fire break between working groups to minimize potential spread. The goal of this practice is to maintain the current (and future) continuity of key support/logistical functions inside the department.
Effective immediately upon issue of these procedural steps by Operations:

**Admin/Headquarters:** Fire Administrative offices at 777 Benton Street are off limits to all suppression members. Any exchange of materials (interoffice mail, paystubs, office supplies, etc.) are to occur on a table that will be placed in the admin-side of the app bay at Station 1. Suppression personnel will make every effort minimize their physical interaction at this table with administrators and support staff when picking up or dropping off items. Maximize the use of email and telephone comms to process exchanges. Follow the chain-of-command for payroll issues. Do not contact Becca directly.

**Fire Prevention:** Fire Prevention office at 1675 Lincoln Street City Hall Complex interior is off limits to all suppression members, unless assigned as light duty/industrial injury. Light duty staff may not visit the fire stations. Necessary interactions with Prevention members should be limited to incidents only or critical needs (PPE, turnouts, etc.), occur outdoors whenever possible, and with 6-foot separations.
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Fire Station Living Quarters: Visits to the living quarters at all Fire Stations are off limits to Fire Prevention staff. Necessary interactions with suppression members should be limited to incidents only or critical supply needs (PPE, turnouts, etc.), occur outdoors whenever possible, and with 6-foot separations. Only suppression personnel on-coming, on-duty, are off-going actively assigned to a station should be permitted inside living quarters after conducting current oncoming health screening procedures.

Central Garage: Central garage interior is off limits to all suppression staff. Vehicle exchanges will occur outdoors, necessary interactions with shop staff will occur outdoors, and with 6-foot separations. Maximize the use of email and telephone comms to process exchanges.

Fire Department Training/Operations Center: Upstairs of Training Center is off-limits to suppression personnel. Necessary interactions with suppression or prevention members should be limited to incidents only or critical supply needs. Maximize the use of email, web conferencing and telephone comms. Necessary prevention measures will be maximized to protect command and planning staff when in-person meetings must occur.

Station 1 – EMS and Station Supplies: Personnel not assigned to Station 1 duty for a shift/set are not to enter the living quarters of the station to retrieve either EMS restock or station supplies. All supply requests will be processed by the Logistics Section. Any exchange of materials (interoffice mail, paystubs, office supplies, etc.) are to occur on a table in or on the floor of the app bay at Station 1. Suppression personnel will make every effort minimize their physical interaction with those assigned to Station 1. Maximize the use of email, Operative-IQ, and telephone comms to process supply and restock requests. Follow current PPE and cleaning supply protocols.

Station 2/Training Center/Drill Tower: Personnel not assigned to Station 2 duty for a shift/set are not to enter the living quarters of the station. Necessary interactions with suppression members should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. The training tower and drill grounds are open at this time, but units and crews should train with their unit’s assigned personnel only and minimize the physical interaction between separate crews. This includes air cylinder refill at the compressor station. If necessary, maximize use of Rescue-92 as an air unit on the exterior drill ground.

Station 9: Personnel not assigned to Station 9 duty for a shift/set are not to enter the living quarters of the station. No through-traffic is allowed between the front door to reach the app bay. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Equipment and PPE drop-off and pickup shall occur only at tables in the exterior app bay. Follow procedures promulgated locally by the Station 9 crews.
Extractor Use: Every effort shall be made to maximize use of extractors closest to your station. When at a station with an extractor, personnel not regularly assigned are not to enter the living quarters of that station. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Personnel are to process and pickup their own extractor laundry. Standby for further guidance to come from the PPE Project Officer.

Compressor Station Use/Breathing Air Refill: Every effort shall be made to maximize use of air compressor stations closest to your station. When at a station with a refill station, personnel not regularly assigned are not to enter the living quarters of that station. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Crews are to fill their own air cylinders whenever possible. In the event of a significant incident requiring large amounts of refill to occur, efforts will be made to maximize use of Rescue-92 and Hazmat-99 as mobile air units.

It is the expectation that all personnel will police themselves in the adherence to these standards, and that company officers will enforce these measures until lifted. For further guidance, follow your chain-of-command starting with your immediate supervisor.

Equipment and Facility Cleaning and Disinfection


To clarify and simplify the previous email and training regarding decontamination practices, please see the bulleted list below:

- PPE for cleaning the Station and Rigs under Normal Circumstances : Similar to what most people are already doing, disposable Nitrile gloves. Eye protection, gowns and/or N95 not required.

- Soiled PPE from Station and Rig cleaning can be disposed of in normal trash. Biohazard bags should be used during known or gross decon post call.

- We should be cleaning the stations and rigs at least once per day and cleaning post call, as appropriate.

- Use 10% Bleach disinfectant solution (1-part Bleach/9 parts water) for surface cleaning and mopping.
• Mix up fresh batches of Bleach/Water solution frequently when needed. Shouldn't be more than 1 hour old.

• Pine-Sol, Spic n Span, Windex and NABC are not rated for decontamination of some viral agents. Don’t use them for station wide cleaning.

• CaviCide and Sani-Cloths are approved for surface decontamination. Use them on rigs, bags, etc. Wear gloves and don’t use them on food prep surfaces.

• Wipe surfaces with clean clothes and Bleach/Water solution or use Sani-Cloths. Don’t use spray bottles if possible.

• Allow surfaces to air dry after wiping.

• Do a second wipe down on frequent hand contact surfaces.

• When done mopping, pour out dirty water, refill the mop bucket with fresh Bleach/Water solution and let the mops soak in the clean solution for 20 mins, then let them air dry.

• Wash hands frequently for at least 20 seconds.

• Use hand sanitizer post call and wash hands at the earliest opportunity.

• We are attempting to be “institutional” about our cleaning practices. Similar to hospitals and clinics…

• These recommendations may seem unnecessary or counter-intuitive in some ways… they are the direction of the CDC, EPA and WHO… we should endeavor to follow them.

Please see the ‘Full Decontamination Practices’ document or contact Station 9B with any questions. Read and understand SDS for any cleaners, disinfectants, or decon solutions you use in the workplace. Wear your PPE. Contact Safety Officer, HAZMAT, DECON, or your direct supervisor with any questions or concerns.
PPE Usage and Burn Rate Tracking

Effective immediately, the following documentation of PPE usage will be required to allow the department to track supply levels of droplet / contact PPE (gowns, N95’s and P100’s).

- In the ImageTrend PCR narrative field, PPE usage must be documented (document the number of each used):
  - Impermeable Gowns
  - P100’s
  - N95 (3M)
  - N95 (K/C) Patient Use

The PCR author must ensure that this documentation is completed, and the company officer must ensure full compliance to this direction from Operations.

For PPE on a non-medical call, the information below should now be entered in the RMS narrative, rather than the ImageTrend PCR narrative. This will allow consistent and accurate information that the fire department IT specialist(s) can gather daily to help monitor our PPE burn rate.

Medical Equipment and PPE Replacement

At the completion of the event, if restock is not provided by county ambulance, log equipment not replaced in PCR under supply restock, including responder PPE mask.

Log PPE utilized on RMS report for internal tracking purposes.

Restock from supply will be done by contacting Station 1, so that they can have supplies ready in apparatus bay (warm zone), or outside for pickup. Crews do not need to interact in person for supply restock. Follow “airlocking” and workgroup isolation procedures.

PPE supply

Crews are expected to utilize PPE correctly in order to maintain supply.

Consider PPE usage for those within 6-foot of patient, those outside that area and those crew members that stay within rig

Stations are not to hoard PPE supplies at stations.
Training Requirements and Documentation

Mandated training specified by such regulatory bodies as California Department of Industrial Relations (CA DIR aka CalOSHA) that must occur to keep our personnel safe in their work will continue. Other mandated evolutions that must occur under General Industry Orders, such as fit testing for new masks prior to use, will also occur. Alternate methods of training delivery, such as TargetSolutions, will be maximized for Just-In-Time (JIT) training if personnel need to be educated on a new piece of equipment or any PPE newly issued in the workplace. Questions regarding training or worker safety should be routed appropriately to either the battalion chief of training, the designated infection control officer, or the EMS battalion chief via the chain-of-command. Your first contact is your immediate supervisor.

California Department of Industrial Relations (DIR) aka CalOSHA has released interim guidance for General Industry workplaces on COVID-19. Fire departments fall under the General Industry Safety Orders of CA Title 8, to include safety-related items such as respiratory protection. Additionally, CalOSHA has issued guidance to protect general industry workers during emergency response. More information can be found at these links:

https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html

https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html

Specific Work Practices and Procedures

Response to High Risk Patients and Facilities

The following directive is to inform all Suppression Personnel of additional steps, precautions, and considerations when responding to COVID-19 high risk patients and facilities. These are effective immediately.

A patient is determined to be HIGH RISK for COVID-19 if they have a fever, cough, or respiratory distress. We are working with Santa Clara Communications to identify these patients during dispatch but sometimes these questions can only be answered once crews are on scene.

When responding to HIGH RISK patients, personnel should take these additional steps:

- Minimize the number of providers and family members in the building that are required for patient care. Unless the entire crew is critical to patient care, leave one crew member with the apparatus.

- If safe/feasible, have patient brought to the entry point of building.
The following facilities in Santa Clara have been determined to be **HIGH RISK** for spread and severe complications due to COVID-19. This list is dynamic and may grow as the COVID-19 situation evolves.

1. **Mission Skilled Nursing and Subacute Center** - 410 N. Winchester Blvd
2. **Valley House Rehabilitation Center** - 991 Clyde Ave
3. **Pacific Gardens (Memory Unit Only)** - 2384 Pacific Dr.

Additionally, as of March 24, 2020, the following locations have been added to the list of COVID-19 High Risk Facilities in the City of Santa Clara:

- **Western Motel** - 2250 El Camino Real
- **Hotel E-Real** - 3580 El Camino Real

These locations are being used by Santa Clara County as emergency shelters. They are not set up exclusively as quarantine sites, but rather will house a mix of COVID-19 positive and COVID-19 negative homeless clients. Currently, the Hotel E-Real has six (6) COVID-19 positive clients and the Western Motel is empty. Santa Clara Communications has added a “Health Precaution Advisory” to these addresses in CAD.

When responding to **HIGH RISK** facilities, personnel should take these additional steps:

- Whenever possible, request patient meet EMS provider on the exterior and perform assessment in open-air.
- Minimize the number of providers in the building that are required for patient care. Unless the entire crew is critical to patient care, leave one crew member with the apparatus.
- Don full droplet/contact PPE which includes EMS coat, gloves, eye protection, N95 respirator, and gown.
Federal Medical Station (FMS) aka (FRC)

On March 31, 2020 the Santa Clara Convention Center will officially begin operating as a Federal Medical Station (FMS) with the capacity to have up to 250 COVID-19 patients. SCFD will be placing a specialized Pandemic Response Unit in-service at Fire Station 6. Engine 690 (Type VI) will be staffed with two personnel (minimum one paramedic) and responsible for all emergency response specific to 5001 Great America Parkway. Engine 690 will not respond to any other emergency calls in the 9-1-1 system.

Note: As of Sunday, April 5, 2020, Santa Clara County re-designated the Federal Medical Station (FMS) at the Santa Clara Convention Center as a ‘Field Respite Center’ (FRC). There are no changes in the mission or capabilities of the site with that name change, nor any change in SCFD response operations to-date associated with all-hazards 9-1-1 coverage to the facility.

Engine 690 (Type VI) will be staffed with two personnel, minimum one paramedic at Station 6. The apparatus will be fully equipped with firefighting PPE, ALS equipment and specialized PPE specific for response to COVID-19 responses.

E690 will be staffed with two personnel, one of which must be a paramedic. The personnel will be assigned by the shift BC. The voluntary overtime list will be utilized to fill the staffing needs if available staffing is not available by on-duty personnel. Daily target staffing will be 38 if the department is not operating in contingency staffing mode.

Communications has programmed CAD to identify the Santa Clara Convention Center as a special response location. E690 and the closest BC (AVL location) will be dispatched to 9-1-1 calls that are generated at 5001 Great America Parkway. This will include all EMS responses and fire alarms. E690 will supplement a full-structure response should one be necessary. If E690 is already committed to another emergency E90 will be dispatched.

The FMS/FRC will serve “less-acute” COVID-19-positive cases (“less acute” is defined as those patients not requiring ventilators) and provide increased capacity for our healthcare system. The FMS/FRC, managed by the United States Office of Public Health Preparedness and Response, is currently set to open on March 31st, 2020, and will include beds, supplies, and medicines for up to 250 individuals. The facility will be operated by Team Rubicon. Team Rubicon is a disaster response organization (NGO) that serves communities by mobilizing veterans, first responders, and medical professionals to work alongside local agencies and governments that are overwhelmed.

Access for EMS response will be to the rear of Exhibit Hall B. More specific details will be released by the COVID-19 Operations Section Chief.

Team Rubicon will have an on-site Incident Commander and will be operating under an ICS organization with IAP’s. B92 and E690 should develop working relationships with the appropriate staff from Team Rubicon.

For emergency response the responding Chief Officer will arrive on scene and establish communication with E690. Their primary role is it to be a decision-maker and liaison with on-site staff. They shall respond to the rear of the facility behind Exhibit Hall B. They should remain exterior and in a command role not engaged in patient care.

The level of PPE used by SCFD responders for this facility will be increased and special decontamination procedures will be coming out from the Operations Section for all personnel to review.

Further information regarding the FMS/FRC can be found in Appendix 7.0 of this document.

**Administrative Section**

**Supply Chains & Hoarding**

We consider CDC guidelines with direction from Santa Clara County EMS and Public Health for contingency plans for equipment shortages; this includes our conventional, contingency and crisis/alternative planning for patient care. Our plans will remain dynamic based on current and expected conditions along with any changes in supply chain challenges.

**PPE supply**

Crews are expected to utilize PPE correctly in order to maintain supply.

Consider PPE usage for those within 6-foot of patient in accordance with latest SCFD EMS Response PPE Guidelines for COVID-19. Those outside that area and those crew members that stay within rig are expected to exercise prudent judgement and operational professionalism w/ regard to conserving PPE if no risk is present.

**All personnel are directed not to hoard PPE supplies at individual stations.**

**Logistics**

EMS supply and restock requests should be handled via the procedures promulgated by Medical Branch.

Decontamination and HAZMAT supply requests should be handled via the procedures promulgated by HAZMAT Group and Decon Unit.
All other Logistical requests outside of those mentioned above, such as station supplies or emergent crew needs, should be routed to the current incident Logistics officer.

Personnel should be taking every opportunity to conserve supplies of ALL types and minimize unnecessary waste.

Finance

Per direction from SCFD A3 on March 20, 2020:

1. Employees filling command, general, branch, division, group or unit positions in the ICS structure working on specific COVID-19-related activities must keep a daily ICS Form 214.

2. To ensure that employees’ time is coded correctly and that we track potentially reimbursable costs, please use the following codes as appropriate:

   **24-Hr Shift Employees**
   - **R- Off Duty/ C-19** (for an employee who is off on self-isolation or quarantine, including being sent home due to health screening)
   - **R++ On Duty/ C-19** (if we assign on-duty personnel to COVID-19 specific activities other than their regular assignment)
   - 7909$ - OT - Call Back C-19
   - 7909P – OT - O/C Call Back C-19
   - 7990OC – O/C C-19

   **40-Hr Employees (Timesheet)**
   - **R** – hours spent working on regular duties (payroll, invoice processing, etc.)
   - **C19R** – Regular Employees (Admin Leave-including self-isolation/quarantine); **C19E** – As-needed PERS Exempt employees; **C19P** – As-needed PERS employees
   - **Combo Code 7821099901**—hours spent working on COVID-19 related activities (Document on ICS 214)

3. Follow established procedures for logging COVID-19-related PPE and supply usage.

Suppression employees on a 24 hr. shift schedule must have their time accurately coded in RMS and CrewSense.

As of March 31, 2020, all timesheet employees are required to submit a “Supplemental Emergency Disaster Biweekly Timesheet” along with their regular timesheet.
ICS Organization / Continuity of Operations / Command and Control

ICS Organization

As of 3/20/2020, the SCFD COVID-19 response ICS organization is as shown:

Continuity of Operations

It will be necessary to continue normal public safety operations during the duration of the current COVID-19 pandemic, throughout the recovery phase. This may involve activation of contingency plans for continuity of operations. While these may already exist or be in progress, they will be promulgated as part of this plan/ConOps when deemed appropriate by Command Staff.
Liaison Information

As of March 20, 2020, city Electric Control is serving as a liaison to Silicon Valley Power, Pacific Gas & Electric, and Water Department.

DE Boucher is serving as SCFD Liaison to the Emergency Operations Center (EOC).

Admin. Chief Panko is serving as Peer Support Liaison.

Command, Communications, and Control (C3)

Command and Control

SCFD will utilize ICS to respond and recover from this pandemic.

Leaders at all levels of the organization are empowered to use good judgement and take proactive measures to ensure all possible COVID-19 health and safety precautions are being taken.

Communications

At this time, all command, communications, and control (C3) will be handled through the normal processes, radio channels, and lines of communication. Efforts should be maximized to use social distancing practices in the workplace whenever possible, with the realization that our work in emergency services at times makes this nearly impractical.

Chain-of-Command

All personnel should realize that many positions at all levels of the organization are working on critical tasks. Jumping the chains of communication and command should be minimized. Follow the chain-of-command. Your first contact is always your immediate supervisor. It is the expectation of the organization that company officers will coordinate closely with their battalion chief, stay informed, and keep their personnel informed.

Operational Security

Crews will maximize situational awareness both in quarters and on calls. Company officers must maintain accountability of their assigned personnel at all times. Additional attention to security of fire stations, city facilities, and emergency apparatus should be given during pandemic response operations to guard against
the possibility of theft of EMS supplies, PPE, and disinfecting/decontamination supplies. When out in town, leave (x1) responder at the rig when possible as a security measure as well as an exposure control. Company Officers are empowered to exercise operational discretion for using the required number of personnel to render on-scene acute care.

City I.D. Cards - Civil Defense Worker Access

As shelter-in-place orders become more restrictive locally and statewide, including enforcement action by sheriff’s departments and local PD, it is imperative that personnel be cognizant that they are classified as city employees that are required to be assigned to perform emergency and disaster response duties. The Fire Service and EMS at the SLTT levels have been classified as critical infrastructure during the response to and recovery from COVID-19 under federal guidance issued by DHS CISA that is referenced in current California statewide public health orders (https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19).

Personnel are reminded that the rear side of their city-issued I.D. card contains Civil Defense worker and emergency access verbiage to provide to law enforcement upon challenge should they be required to cross public control lines, or be stopped and questioned about their movements from their place of residence to their reporting location for duty. It is recommended that personnel carry their city-issued I.D. card whenever off-duty and out of uniform.

Media Inquiries/Relations

Personnel are reminded to exercise discretion in dealing with the media on-scene. There is no such thing as “off the record.” With news reports of first responders exposed to COVID-19 both around the nation and within California increasing, the current pandemic makes for a salacious story opportunity. All media inquiries and relations should be directed to the appropriate level in the chain-of-command. The agency’s designated Public Information Officer (PIO) is BC Miller. If BC Miller cannot be reached, contact your Duty BC. Unless you are authorized to speak for the organization, never release information about our operations or our personnel to the media.

SCFD PIO 24-Hour Media Line (forwards to BC Miller): (408) 784 6228

Peer Support and Responder Resilience

Disaster response and large-scale, long-duration emergency operations can be physically and mentally taxing on both first responders as well as their families. Resources for peer support are being maintained throughout the duration of this event and are available to all responders and their families 24/7. Admin. Chief Panko is servicing as the Peer Support Liaison in the ICS structure. Additional recommendations regarding responder resiliency will be added in Appendix 7.0 as
they are made available. Take care of yourselves, your family, and your crew so that you may take care of others.

Comp and Claims

COVID-19 Injury/Illness Protocol

This protocol applies to the following conditions:
1. Employee exposed* to known COVID-19 infected individual
2. COVID-19 Precautions: Employee failed health screen (by phone or in person)
3. Employee tests positive to COVID-19

* Exposure defined as close contact WITHOUT wearing designated PPE

Procedure:
1. Report immediately to supervisor—duty B/C
   B/C to inform Workers Comp Coordinator (WCC)—J. Panko
2. Fill out the three (3) workers comp forms: \drive/Forms/WorkersComp. List one of conditions 1-3 above as the injury. Employee will be sent home immediately under condition 2 and supervisor will fill out forms. In this circumstance, supervisor should put “employee not available for signature” in any field requiring employee signature. All forms should be signed by employee’s direct supervisor. Unless the B/C is the direct supervisor, the B/C does not need to sign the forms in addition to the supervisor’s signature but will be notified upon submittal.
3. Provide any pertinent information regarding the possible source of the illness and any medical evaluation/treatment paperwork supporting WC claim.
4. Scan the signed copies of the three (3) workers’ comp forms, and any additional information listed above, and email them to: firefighterscomp@santaclaraca.gov and copy the duty B/C and ATO.
   Please send hardcopy signed forms thru dept mail to the WCC in Administration.
5. Employee will be placed on Paid Administrative Leave (R-/Off Duty C19) (7821099901).
6. Seek medical evaluation and get tested for COVID-19. The WCC will set up these connections for you with Kaiser Occupational Medicine and the testing facility. Medical appt. may occur via web conference versus in-person. You may also be referred to your personal physician.
7. Follow direction of the medical provider and provide aftercare instruction to duty BC and WCC. This might include a quarantine period. Required medical care will be provided during the quarantine period. WCC will make the follow up notifications to DICO, and other appropriate Command Staff.
8. Once either the quarantine period is over, or employee is symptom-free for three days, notify WCC of the return-to-work medical direction and return to work. Employee must sign the hard copy of WC forms that were already submitted. Check in with WCC upon return to duty.

* “Exposure” defined as close contact WITHOUT wearing designated PPE
“Sick at Home” Flowchart / COVID-19 Injury/Illness Protocol

COVID-19 Injury/Illness Protocol

This protocol applies to the following conditions:
1. Employee exposed* to known COVID-19 infected individual
2. COVID-19 Precautions: Employee failed health screen (by phone or in person)
3. Employee tests positive to COVID-19

**Exposure defined as known unprotected exposure to COVID positive patient.
**Please respect HIPPA regulations and consider all employees medical information as confidential, including failed health screen and COVID test results.
***If not able to come to work for any medical condition unrelated to COVID-19, please follow the normal sick leave protocol.

Report immediately to supervisor—duty B/C

B/C to inform Workers Comp Coordinator (WCC) - J. Panko

List one of conditions 1-3 above as the injury. Employee will be sent home immediately under condition 2 and supervisor will fill out forms. In this circumstance, supervisor should put “employee not available for signature” in any field requiring employee signature. All forms should be signed by employee’s direct supervisor. Unless the B/C is the direct supervisor, the B/C does not need to sign the forms in addition to the supervisor’s signature but will be notified upon submittal.

Fill out the three (3) workers comp forms:
1. drive/Forms/WorkersComp

Provide any pertinent information regarding the possible source of the illness and any medical evaluation/treatment paperwork supporting WC claim.

Scan the signed copies of the three (3) workers’ comp forms, and any additional information listed above, and email them to: fireworkerscomp@santacaraca.gov and copy the duty B/C and ATO. Please send hardcopy signed forms thru dept mail to the WCC in Administration.

Seek medical evaluation and get tested for COVID-19.

The WCC will set up these connections for you with Kaiser Occupational Medicine and the testing facility. Medical appt. may occur via web conference versus in-person. You may also be referred to your personal physician.

Follow direction of the medical provider and provide aftercare instruction to duty BC and WCC. This might include a quarantine period.

Once either the quarantine period is over, or employee is symptom-free for three days, notify WCC of the return-to-work medical direction and return to work. Employee must sign the hard copy of WC forms that were already submitted. Check in with WCC upon return to duty.

Terminology & Abbreviations

‘ALS’ – Advanced Life Support (Paramedic capabilities)
‘ATO’ – Assistant Training Officer (SCFD Battalion 92)
‘AVL’ – Automatic Vehicle Location
‘BC’ – Battalion Chief (SCFD Battalion 91)
‘BLS’ – Basic Life Support (Emergency Medical Technicians Only, Non-Paramedic)
‘CAD’ – Computer Aided (or Assisted) Dispatch
‘CalOES’ – California Office of Emergency Services
‘CalOSHA’ – California Occupational Safety and Health Administration (CA DIR)
‘CAPT’ – Fire Captain
‘C3’ – “Command, Communications, and Control”
‘CDC’ – Centers for Disease Control
‘CDPH’ – California Department of Public Health
‘CIMA’ – California Confidentiality of Medical Information Act
‘CISA’ – Cyber and Critical Infrastructure Agency (DHS)
‘ConOps’ – Concept of operations
‘COVID-19’ – Coronavirus disease 2019
‘DC’ – Deputy Chief
‘D/E’ – Driver/Engineer
‘DFHE’ – Department of Fair Housing and Employment (State of CA)
‘DHS’ – Department of Homeland Security
‘DICO’ – Designated Infection Control Officer (CalOSHA req’d)
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‘DIR’ – Department of Industrial Relations (aka CalOSHA)
‘EIDS’ – Emerging Infectious Disease Surveillance
‘EMD’ – Emergency Medical Dispatch
‘EMS’ – Emergency Medical Services
‘EOC’ – Emergency Operations Center
‘EPA’ – Environmental Protection Agency
‘FF’ – Firefighter
‘FMS’ – Federal Medical Station
‘FRC’ – Field Respite Center (FRC) (SC County re-name of FMS 4/5/2020)
‘HCP’ – Healthcare Provider
‘HHS’ – Health and Human Services
‘HIPAA’ – Health Insurance Portability and Accountability Act
‘IAED’ – International Academies of Emergency Dispatch
‘IAFC’ – International Association of Fire Chiefs
‘IAFF’ – International Association of Firefighters
‘IAP’ – Incident Action Plan
‘ICS’ – Incident Command System
‘IT’ – Information Technology
‘KSC’ – Kaiser Santa Clara
‘LEO’ – Law Enforcement Officer
‘MERS’ – Middle East Respiratory Syndrome
‘MPDS’ – Medical Priority Dispatch System
‘NGO’ – Non-Governmental Organization (Red Cross, Team Rubicon, etc.)
'NRB' – Non-rebreather (patient oxygen delivery mask)

'PCR' – Patient Care Report

'PD' – Police Department

'PG&E' – Pacific Gas and Electric Co.

'PPE' – Personal Protective Equipment

'SARS' – Severe Acute Respiratory Syndrome

'SCC' – Santa Clara County

'SCC EMS' – Santa Clara County Emergency Medical Services

'SCCSo' – Santa Clara County Sheriff’s Office

'SCFD' – Santa Clara (CA) Fire department

'SCPD' – Santa Clara (CA) Police Department

'SNC' – City of Santa Clara Fire Department 3-Letter Designator

'SLTT' – State, Local, Tribal, Territorial

'SVP' – Silicon Valley Power

'WC' – Worker’s Compensation

'WCC' – Worker’s Compensation Coordinator

'WHO' – “World Health Organization”
Appendices
Appendix 1.0 – SCFD Incident Action Plan (IAP)
[INSERT MOST-CURRENT COPY OF SCFD IAP HERE]
Appendix 2.0 – National Level Declarations
Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: March 13, 2020

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare,

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP
Appendix 3.0 – State Level Declarations
EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

PROCLAMATION OF A STATE OF EMERGENCY

WHEREAS in December 2019, an outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), was first identified in Wuhan City, Hubei Province, China, and has spread outside of China, impacting more than 75 countries, including the United States; and

WHEREAS the State of California has been working in close collaboration with the national Centers for Disease Control and Prevention (CDC), with the United States Health and Human Services Agency, and with local health departments since December 2019 to monitor and plan for the potential spread of COVID-19 to the United States; and

WHEREAS on January 23, 2020, the CDC activated its Emergency Response System to provide ongoing support for the response to COVID-19 across the country; and

WHEREAS on January 24, 2020, the California Department of Public Health activated its Medical and Health Coordination Center and on March 2, 2020, the Office of Emergency Services activated the State Operations Center to support and guide state and local actions to preserve public health; and

WHEREAS the California Department of Public Health has been in regular communication with hospitals, clinics and other health providers and has provided guidance to health facilities and providers regarding COVID-19; and

WHEREAS as of March 4, 2020, across the globe, there are more than 94,000 confirmed cases of COVID-19, tragically resulting in more than 3,000 deaths worldwide; and

WHEREAS as of March 4, 2020, there are 129 confirmed cases of COVID-19 in the United States, including 53 in California, and more than 9,400 Californians across 49 counties are in home monitoring based on possible travel-based exposure to the virus, and officials expect the number of cases in California, the United States, and worldwide to increase; and

WHEREAS for more than a decade California has had a robust pandemic influenza plan, supported local governments in the development of local plans, and required that state and local plans be regularly updated and exercised; and

WHEREAS California has a strong federal, state and local public health and health care delivery system that has effectively responded to prior events including the H1N1 Influenza virus in 2009, and most recently Ebola; and
WHEREAS experts anticipate that while a high percentage of individuals affected by COVID-19 will experience mild flu-like symptoms, some will have more serious symptoms and require hospitalization, particularly individuals who are elderly or already have underlying chronic health conditions; and

WHEREAS it is imperative to prepare for and respond to suspected or confirmed COVID-19 cases in California, to implement measures to mitigate the spread of COVID-19, and to prepare to respond to an increasing number of individuals requiring medical care and hospitalization; and

WHEREAS if COVID-19 spreads in California at a rate comparable to the rate of spread in other countries, the number of persons requiring medical care may exceed locally available resources, and controlling outbreaks minimizes the risk to the public, maintains the health and safety of the people of California, and limits the spread of infection in our communities and within the healthcare delivery system; and

WHEREAS personal protective equipment (PPE) is not necessary for use by the general population but appropriate PPE is one of the most effective ways to preserve and protect California’s healthcare workforce at this critical time and to prevent the spread of COVID-19 broadly; and

WHEREAS state and local health departments must use all available preventative measures to combat the spread of COVID-19, which will require access to services, personnel, equipment, facilities, and other resources, potentially including resources beyond those currently available, to prepare for and respond to any potential cases and the spread of the virus; and

WHEREAS I find that conditions of Government Code section 8558(b), relating to the declaration of a State of Emergency, have been met; and

WHEREAS I find that the conditions caused by COVID-19 are likely to require the combined forces of a mutual aid region or regions to appropriately respond; and

WHEREAS under the provisions of Government Code section 8625(c), I find that local authority is inadequate to cope with the threat posed by COVID-19; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statues, including the California Emergency Services Act, and in particular, Government Code section 8625, HEREBY PROCLAIM A STATE OF EMERGENCY to exist in California.
IT IS HEREBY ORDERED THAT:

1. In preparing for and responding to COVID-19, all agencies of the state government use and employ state personnel, equipment, and facilities or perform any and all activities consistent with the direction of the Office of Emergency Services and the State Emergency Plan, as well as the California Department of Public Health and the Emergency Medical Services Authority. Also, all residents are to heed the advice of emergency officials with regard to this emergency in order to protect their safety.

2. As necessary to assist local governments and for the protection of public health, state agencies shall enter into contracts to arrange for the procurement of materials, goods, and services needed to assist in preparing for, containing, responding to, mitigating the effects of, and recovering from the spread of COVID-19. Applicable provisions of the Government Code and the Public Contract Code, including but not limited to travel, advertising, and competitive bidding requirements, are suspended to the extent necessary to address the effects of COVID-19.

3. Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services Authority for medical personnel and the Director of the Office of Emergency Services for non-medical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.

4. The time limitation set forth in Penal Code section 396, subdivision (b), prohibiting price gouging in time of emergency is hereby waived as it relates to emergency supplies and medical supplies. These price gouging protections shall be in effect through September 4, 2020.

5. Any state-owned properties that the Office of Emergency Services determines are suitable for use to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services for this purpose, notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

6. Any fairgrounds that the Office of Emergency Services determines are suitable to assist in preparing for, responding to, mitigating the effects of, or recovering from COVID-19 shall be made available to the Office of Emergency Services pursuant to the Emergency Services Act, Government Code section 8589. The Office of Emergency Services shall notify the fairgrounds of the intended use and can immediately use the fairgrounds without the fairground board of directors’ approval, and
notwithstanding any state or local law that would restrict, delay, or otherwise inhibit such use.

7. The 30-day time period in Health and Safety Code section 101080, within which a local governing authority must renew a local health emergency, is hereby waived for the duration of this statewide emergency. Any such local health emergency will remain in effect until each local governing authority terminates its respective local health emergency.

8. The 60-day time period in Government Code section 8630, within which local government authorities must renew a local emergency, is hereby waived for the duration of this statewide emergency. Any local emergency proclaimed will remain in effect until each local governing authority terminates its respective local emergency.

9. The Office of Emergency Services shall provide assistance to local governments that have demonstrated extraordinary or disproportionate impacts from COVID-19, if appropriate and necessary, under the authority of the California Disaster Assistance Act, Government Code section 8680 et seq., and California Code of Regulations, Title 19, section 2900 et seq.

10. To ensure hospitals and other health facilities are able to adequately treat patients legally isolated as a result of COVID-19, the Director of the California Department of Public Health may waive any of the licensing requirements of Chapter 2 of Division 2 of the Health and Safety Code and accompanying regulations with respect to any hospital or health facility identified in Health and Safety Code section 1250. Any waiver shall include alternative measures that, under the circumstances, will allow the facilities to treat legally isolated patients while protecting public health and safety. Any facilities being granted a waiver shall be established and operated in accordance with the facility’s required disaster and mass casualty plan. Any waivers granted pursuant to this paragraph shall be posted on the Department’s website.

11. To support consistent practices across California, state departments, in coordination with the Office of Emergency Services, shall provide updated and specific guidance relating to preventing and mitigating COVID-19 to schools, employers, employees, first responders and community care facilities by no later than March 10, 2020.

12. To promptly respond for the protection of public health, state entities are, notwithstanding any other state or local law, authorized to share relevant medical information, limited to the patient’s underlying health conditions, age, current condition, date of exposure, and possible contact tracing, as necessary to address the effect of the COVID-19 outbreak with state, local, federal, and nongovernmental partners, with such information to be used for the limited purposes of monitoring, investigation and control, and treatment and coordination of care. The
notification requirement of Civil Code section 1798.24, subdivision (i), is suspended.

13. Notwithstanding Health and Safety Code sections 1797.52 and 1797.218, during the course of this emergency, any EMT-P licensees shall have the authority to transport patients to medical facilities other than acute care hospitals when approved by the California EMS Authority. In order to carry out this order, to the extent that the provisions of Health and Safety Code sections 1797.52 and 1797.218 may prohibit EMT-P licensees from transporting patients to facilities other than acute care hospitals, those statutes are hereby suspended until the termination of this State of Emergency.

14. The Department of Social Services may, to the extent the Department deems necessary to respond to the threat of COVID-19, waive any provisions of the Health and Safety Code or Welfare and Institutions Code, and accompanying regulations, interim licensing standards, or other written policies or procedures with respect to the use, licensing, or approval of facilities or homes within the Department's jurisdiction set forth in the California Community Care Facilities Act (Health and Safety Code section 1500 et seq.), the California Child Day Care Facilities Act (Health and Safety Code section 1596.70 et seq.), and the California Residential Care Facilities for the Elderly Act (Health and Safety Code section 1569 et seq.). Any waivers granted pursuant to this paragraph shall be posted on the Department's website.

I FURTHER DIRECT that as soon as hereafter possible, this proclamation be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this proclamation.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 4th day of March 2020.

Gavin Newsom
Governor of California

ATTEST:

Alex Padilla
Secretary of State
ORDER OF THE STATE PUBLIC HEALTH OFFICER
March 19, 2020

To protect public health, I as State Public Health Officer and Director of the California Department of Public Health order all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors, as outlined at https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19.

In addition, and in consultation with the Director of the Governor’s Office of Emergency Services, I may designate additional sectors as critical in order to protect the health and well-being of all Californians.

Pursuant to the authority under the Health and Safety Code 120125, 120140, 131080, 120130(c), 120135, 120145, 120175 and 120150, this order is to go into effect immediately and shall stay in effect until further notice.

The federal government has identified 16 critical infrastructure sectors whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or destruction would have a debilitating effect on security, economic security, public health or safety, or any combination thereof. I order that Californians working in these 16 critical infrastructure sectors may continue their work because of the importance of these sectors to Californians’ health and well-being.

This Order is being issued to protect the public health of Californians. The California Department of Public Health looks to establish consistency across the state in order to ensure that we mitigate the impact of COVID-19. Our goal is simple, we want to bend the curve, and disrupt the spread of the virus.

The supply chain must continue, and Californians must have access to such necessities as food, prescriptions, and health care. When people need to leave their homes or places of residence, whether to obtain or perform the functions above, or to otherwise facilitate authorized necessary activities, they should at all times practice social distancing.

SONIA Y. ANGELL, MD, MPH

DATE

3/19/2020
State of California

GOVERNMENT CODE

Section 179

179. (a) It is the intent of the State of California to continue its long history of sharing emergency response resources with other states during times of disaster. Californian’s have benefited from the assistance provided by the firefighters, law enforcement officers, emergency medical personnel and other emergency staff received from other states during our calamitous fires, earthquakes, winter storms, and other disasters. We must now join our sister states in ensuring we are prepared to aid our people during emergencies by entering into the Emergency Management Assistance Compact as it was adopted by Congress.

(b) The Emergency Management Assistance Compact as set forth in Section 179.5 is hereby ratified and approved.

(Added by Stats. 2005, Ch. 233, Sec. 1. Effective September 13, 2005. Inoperative March 1, 2023. Repealed as of January 1, 2024, pursuant to Section 179.9.)
DATE: March 17, 2020
FROM: Dave Duncan MD
Director

SUBJECT: POLICY TO IMPLEMENT THE EMERGENCY PROCLAMATION OF THE
GOVERNOR ON THE AUTHORIZATION OF OUT OF STATE MEDICAL PERSONNEL

POLICY:
Pursuant to the Emergency Proclamation of the 4th day of March 2020 by Governor
Gavin Newsom, and Business and Professions Code Section 900, the following
procedure shall be followed to implement subsection 3 of the Order concerning allowing
the use of out-of-state medical personnel to respond to the COVID-19 outbreak.

“3. Any out-of-state personnel, including, but not limited to, medical
personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted
to provide services in the same manner as prescribed in Government
Code section 179.5, with respect to licensing and certification. Permission
for any such individual rendering service is subject to the approval of the
Director of the Emergency Medical Services Authority for medical
personnel and the Director of the Office of Emergency Services for non-
medical personnel and shall be in effect for a period of time not to exceed
the duration of this emergency.”

The EMS Authority will only accept requests for out of state medical personnel approval
from the medical facility or staffing agency that intends to utilize these resources.
A medical facility that is unable to secure sufficient staffing from California certified and
licensed healthcare professionals or a staffing agency seeking to provide services to
such a medical facility may seek out-of-state healthcare professionals to fill the gap with
approval from the EMS Authority. A medical facility or staffing agency that desires to
utilize out-of-state healthcare professionals, in preparing for and responding to the
COVID-19 State of Emergency, shall submit a written request to the EMS Authority and
receive approval for such hires in advance.

PROCEDURE:
A medical facility or staffing agency which desires to utilize medical professionals with
out-of-state certifications or licenses during the COVID-19 State of Emergency shall
submit the following to the EMS Authority in advance:

(A) A complete and signed Request for Temporary Recognition of Out-Of-State
Medical Personnel During a State of Emergency form. This form shall include:
a. Information on the facility/staffing agency, location and functions within the State of California.
b. Information on the out-of-state healthcare professional providing services at the facility, including name, healthcare license information and state where the license/certification is held.
c. Copies of the certification or license and photo identification issued by the state where the healthcare provider holds their certification or license.

(B) Email the temporary recognition form and supporting documents to the EMS Authority at COVID19@emsa.ca.gov.

(C) The California EMS Authority shall review and make a written determination within two (2) – four (4) business days after receipt of a complete request.

(D) The duration of the approval shall continue until the termination of the State of Emergency or the end date on the temporary recognition form, whichever comes first.

(E) The medical facility or staffing agency shall notify and receive approval from the EMS Authority of any changes to the list of healthcare providers being used, or discontinuation of this approval prior to the changes taking affect.

(F) The medical facility will be responsible for monitoring the healthcare providers hired based on this approval and will notify the EMS Authority of any unusual occurrence within 24 hours of the event occurring.

(G) If the form is submitted by a staffing agency, the staffing agency will, once it has placed an approved healthcare professional, notify the EMS Authority of the placement, the facility name and the expected duration of the placement.
Appendix 4.0 – County Level Declarations
ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SANTA CLARA DIRECTING ALL INDIVIDUALS LIVING IN THE COUNTY TO SHELTER AT THEIR PLACE OF RESIDENCE EXCEPT THAT THEY MAY LEAVE TO PROVIDE OR RECEIVE CERTAIN ESSENTIAL SERVICES OR ENGAGE IN CERTAIN ESSENTIAL ACTIVITIES AND WORK FOR ESSENTIAL BUSINESSES AND GOVERNMENTAL SERVICES; EXEMPTING INDIVIDUALS EXPERIENCING HOMELESSNESS FROM THE SHELTER IN PLACE ORDER BUT URGING THEM TO FIND SHELTER AND GOVERNMENT AGENCIES TO PROVIDE IT; DIRECTING ALL BUSINESSES AND GOVERNMENTAL AGENCIES TO CEASE NON-ESSENTIAL OPERATIONS AT PHYSICAL LOCATIONS IN THE COUNTY; PROHIBITING ALL NON ESSENTIAL GATHERINGS OF ANY NUMBER OF INDIVIDUALS; AND ORDERING CESSATION OF ALL NON-ESSENTIAL TRAVEL

DATE OF ORDER: MARCH 16, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295, et seq.)

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SANTA CLARA ("HEALTH OFFICER") ORDERS:

The intent of this Order is to ensure that the maximum number of people self-isolate in their places of residence to the maximum extent feasible, while enabling essential services to continue, to slow the spread of COVID-19 to the maximum extent possible.

When people need to leave their places of residence, whether to obtain or perform vital services, or to otherwise facilitate authorized activities necessary for continuity of social and commercial life, they should at all times reasonably possible comply with Social Distancing Requirements as defined in Section 10 below. All provisions of this Order should be interpreted to effectuate this intent. Failure to comply with any of the provisions of this Order constitutes an imminent threat to public health.

All individuals currently living within Santa Clara County (the "County") are ordered to shelter at their place of residence. To the extent individuals are using shared or outdoor spaces, they must at all times as reasonably possible maintain social distancing of at least six feet from any other person when they are outside their residence. All persons may leave their residences only for Essential Activities, Essential Governmental Functions, or to operate Essential Businesses, all as defined in Section 10. Individuals experiencing homelessness are exempt from this Section, but are strongly urged to obtain shelter, and governmental and other entities are strongly urged to make such shelter available as soon
as possible and to the maximum extent practicable (and to utilize Social Distancing Requirements in their operation).

All businesses with a facility in the County, except Essential Businesses as defined below in Section 10, are required to cease all activities at facilities located within the County except Minimum Basic Operations, as defined in Section 10. For clarity, businesses may also continue operations consisting exclusively of employees or contractors performing activities at their own residences (i.e., working from home). All Essential Businesses are strongly encouraged to remain open. To the greatest extent feasible, Essential Businesses shall comply with Social Distancing Requirements as defined in Section 10 below, including, but not limited to, when any customers are standing in line.

All public and private gatherings of any number of people occurring outside a household or living unit are prohibited, except for the limited purposes as expressly permitted in Section 10. Nothing in this Order prohibits the gathering of members of a household or living unit.

All travel, including, but not limited to, travel on foot, bicycle, scooter, motorcycle, automobile, or public transit, except Essential Travel and Essential Activities as defined below in Section 10, is prohibited. People must use public transit only for purposes of performing Essential Activities or to travel to and from work to operate Essential Businesses or maintain Essential Governmental Functions. People riding on public transit must comply with Social Distancing Requirements as defined in Section 10 below, to the greatest extent feasible. This Order allows travel into or out of the County to perform Essential Activities, operate Essential Businesses, or maintain Essential Governmental Functions.

This Order is issued based on evidence of increasing occurrence of COVID-19 within the County and throughout the Bay Area, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, and evidence that the age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the County. Making the problem worse, some individuals who contract the COVID-19 virus have no symptoms or have mild symptoms, which means they may not be aware they carry the virus. Because even people without symptoms can transmit the disease, and because evidence shows the disease is easily spread, gatherings can result in preventable transmission of the virus. The scientific evidence shows that at this stage of the emergency, it is essential to slow virus transmission as much as possible to protect the most vulnerable and to prevent the health care system from being overwhelmed. One proven way to slow the transmission is to limit interactions among people to the greatest extent practicable. By
reducing the spread of the COVID-19 virus, this Order helps preserve critical and limited healthcare capacity in the County.
This Order also is issued in light of the existence of 123 cases of COVID-19 in the County, as well as at least 258 confirmed cases and at least three deaths in the seven Bay Area jurisdictions jointly issuing this Order, as of 5 m. on March 15, 2020, including a significant and increasing number of suspected cases of community transmission and likely further significant increases in transmission. Widespread testing for COVID-19 is not yet available but is expected to increase in the coming days. This Order is necessary to slow the rate of spread and the Health Officer will re-evaluate it as further data becomes available.

This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the February 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the February 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the February 10, 2020 Resolution of the Board of Supervisors of the County of Santa Clara Ratifying and Extending the Declaration of a Local Health Emergency, and the February 10, 2020 Resolution of the Board of Supervisors of the County of Santa Clara Ratifying and Extending the Proclamation of a Local Emergency. This Order comes after the release of substantial guidance from the County Health Officer, the Centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials throughout the United States and around the world, including a variety of prior orders to combat the spread and harms of COVID-19. The Health Officer will continue to assess the quickly evolving situation and may modify or extend this Order, or issue additional Orders, related to COVID-19.

Definitions and Exemptions.

For purposes of this Order, individuals may leave their residence only to perform any of the following "Essential Activities." But people at high risk of severe illness from COVID-19 and people who are sick are urged to stay in their residence to the extent possible except as necessary to seek medical care.

To engage in activities or perform tasks essential to their health and safety, or to the health and safety of their family or household members (including, but not limited to, pets), such as, by way of example only and without limitation, obtaining medical supplies or medication, visiting a health care professional, or obtaining supplies they need to work from home.

To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example
only and without limitation, canned food, dry goods, fresh fruits and vegetables, pet supply, fresh meats, fish, and poultry, and any other household consumer products, and products necessary to maintain the safety, sanitation, and essential operation of residences.

To engage in outdoor activity, provided the individuals comply with Social Distancing Requirements as defined in this Section, such as, by way of example and without limitation, walking, hiking, or running.

To perform work providing essential products and services at an Essential Business or to otherwise carry out activities specifically permitted in this Order, including Minimum Basic Operations.

To care for a family member or pet in another household.

For purposes of this Order, individuals may leave their residence to work for or obtain services at any "Healthcare Operations" including hospitals, clinics, dentists, pharmacies, pharmaceutical and biotechnology companies, other healthcare facilities, healthcare suppliers, home healthcare services providers, mental health providers, or any related and/or ancillary healthcare services. "Healthcare Operations" also includes veterinary care and all healthcare services provided to animals. This exemption shall be construed broadly to avoid any impacts to the delivery of healthcare, broadly defined. "Healthcare Operations" does not include fitness and exercise gyms and similar facilities.

For purposes of this Order, individuals may leave their residence to provide any services or perform any work necessary to the operations and maintenance of "Essential Infrastructure," including, but not limited to, public works construction, construction of housing (in particular affordable housing or housing for individuals experiencing homelessness), airport operations, water, sewer, gas, electrical, oil refining, roads and highways, public transportation, solid waste collection and removal, internet, and telecommunications systems (including the provision of essential global, national, and local infrastructure for computing services, business infrastructure, communications, and web-based services), provided that they carry out those services or that work in compliance with Social Distancing Requirements as defined this Section, to the extent possible.

For purposes of this Order, all first responders, emergency management personnel, emergency dispatchers, court personnel, and law enforcement personnel, and others who need to perform essential services are categorically exempt from this Order. Further, nothing in this Order shall prohibit any individual from performing or accessing "Essential Governmental Functions," as determined by the governmental entity performing those functions. Each governmental entity shall identify and designate
appropriate employees or contractors to continue providing and carrying out any 
Essential Governmental Functions. All Essential Governmental Functions shall be 
performed in compliance with Social Distancing Requirements as defined in this Section, 
to the extent possible.

For the purposes of this Order, covered businesses include any for-profit, non-profit, or 
educational entities, regardless of the nature of the service, the function they perform, or 
its corporate or entity structure.

For the purposes of this Order, "Essential Businesses" means:

Healthcare Operations and Essential Infrastructure;

Grocery stores, certified farmers' markets, farm and produce stands, supermarkets, food 
banks, convenience stores, and other establishments engaged in the retail sale of 
canned food, dry goods, fresh fruits and vegetables, pet supply, fresh meats, fish, and 
poultry, and any other household consumer products (such as cleaning 
and personal care products). This includes stores that sell groceries and also sell other 
non-grocery products, and products necessary to maintaining the safety, sanitation, and 
essential operation of residences;

Food cultivation, including farming, livestock, and fishing;

Businesses that provide food, shelter, and social services, and other necessities of life for 
economically disadvantaged or otherwise needy individuals;

Newspapers, television, radio, and other media services;

Gas stations and auto-supply, auto-repair, and related facilities;

Banks and related financial institutions;

Hardware stores;

 Plumbers, electricians, exterminators, and other service providers who provide services 
that are necessary to maintaining the safety, sanitation, and essential operation of 
residences, Essential Activities, and Essential Businesses;

Businesses providing mailing and shipping services, including post office boxes;

Educational institutions-including public and private K-12 schools, colleges, and 
universities-for purposes of facilitating distance learning or performing essential
functions, provided that social distancing of six-feet per person is maintained to the
greatest extent possible;

Laundromats, drycleaners, and laundry service providers;

Restaurants and other facilities that prepare and serve food, but only for delivery or carry
out. Schools and other entities that typically provide free food services to students or
members of the public may continue to do so under this Order on the condition that the
food is provided to students or members of the public on a pick-up and take-away basis
only. Schools and other entities that provide food services under this exemption shall not
permit the food to be eaten at the site where it is provided, or at any other gathering site;

Businesses that supply products needed for people to work from home;

Businesses that supply other essential businesses with the support or supplies necessary
to operate;

Businesses that ship or deliver groceries, food, goods or services directly to residences;

Airlines, taxis, and other private transportation providers providing transportation
services necessary for Essential Activities and other purposes expressly authorized in this
Order;

Home-based care for seniors, adults, or children;

Residential facilities and shelters for seniors, adults, and children;

Professional services, such as legal or accounting services, when necessary to assist in
compliance with legally mandated activities;

Childcare facilities providing services that enable employees exempted in this Order to
work as permitted. To the extent possible, childcare facilities must operate under the
following mandatory conditions:

Childcare must be carried out in stable groups of 12 or fewer ("stable" means that the
same 12 or fewer children are in the same group each day).

Children shall not change from one group to another.
If more than one group of children is cared for at one facility, each group shall be in a
separate Groups shall not mix with each other.

Childcare providers shall remain solely with one group of children.
For the purposes of this Order, "Minimum Basic Operations" include the following, provided that employees comply with Social Distancing Requirements as defined this Section, to the extent possible, while carrying out such operations:
The minimum necessary activities to maintain the value of the business's inventory, ensure security, process payroll and employee benefits, or for related functions.

The minimum necessary activities to facilitate employees of the business being able to continue to work remotely from their residences.

For the purposes of this Order, "Essential Travel" includes travel for any of the following purposes. Individuals engaged in any Essential Travel must comply with all Social Distancing Requirements as defined in this Section below.

Any travel related to the provision of or access to Essential Activities, Essential Governmental Functions, Essential Businesses, or Minimum Basic Operations

Travel to care for elderly, minors, dependents, persons with disabilities, or other vulnerable persons.

Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services.

Travel to return to a place of residence from outside the jurisdiction.

Travel required by law enforcement or court order.

Travel required for non-residents to return to their place of residence outside the County.

Individuals are strongly encouraged to verify that their transportation out of the County remains available and functional prior to commencing such travel.

For purposes of this Order, residences include hotels, motels, shared rental units and similar facilities.

For purposes of this Order, "Social Distancing Requirements" includes maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.
Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat to public health.

This Order shall become effective at 12:01 a.m. on March 17, 2020 and will continue to be in effect until 11:59 p.m. on April 7, 2020, or until it is extended, rescinded, superseded, or amended in writing by the Health Officer.

Copies of this Order shall promptly be: (1) made available at the County Government Center at 70 W. Hedding Street, San Jose, California; (2) posted on the County Public Health Department website (www.sccphd.org) and (3) provided to any member of the public requesting a copy of this Order.

If any provision of this Order to the application thereof to any person or circumstance is held to be invalid, the reminder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:

Sara H. Cody, M.D.
Health Officer of the County of Santa Clara
3/16/20

Approved as to form and legality

James R. Williams
County Counsel
3/16/20
COVID-19 RESPONSE PLAN & CONOPS
City of Santa Clara Fire Department
[REVISION-14] Dated 14 APRIL 2020

Santa Clara County Public Health Order – Shelter-in-Place Extension – Dated 31 March 2020

ORDER OF THE HEALTH OFFICER OF THE COUNTY OF SANTA CLARA DIRECTING ALL INDIVIDUALS LIVING IN THE COUNTY TO CONTINUE SHELTERING AT THEIR PLACE OF RESIDENCE EXCEPT FOR ESSENTIAL NEEDS; CONTINUING TO EXEMPT HOMELESS INDIVIDUALS FROM THE ORDER BUT URGING GOVERNMENT AGENCIES TO PROVIDE THEM SHELTER AND HAND SANITATION FACILITIES; RESTRICITNG ACCESS TO RECREATION AREAS; REQUIRING ESSENTIAL BUSINESSES TO IMPLEMENT SOCIAL DISTANCING PROTOCOLS; CLARIFYING AND FURTHER LIMITING ESSENTIAL BUSINESS ACTIVITIES, INCLUDING CONSTRUCTION; AND DIRECTING ALL BUSINESSES AND GOVERNMENTAL OPERATIONS TO FURTHER CEASE NON-ESSENTIAL OPERATIONS

DATE OF ORDER: MARCH 31, 2020

Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295, et seq.; Cal. Penal Code §§ 69, 148(a)(1); Santa Clara County Ordinance Code § A1-28.)

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SANTA CLARA (“HEALTH OFFICER”) ORDERS:

This Order supersedes the March 16, 2020 Order of the Health Officer directing all individuals to shelter in place (“Prior Shelter Order”). This Order clarifies, strengthens, and extends certain terms of the Prior Shelter Order to increase social distancing and reduce person-to-person contact in order to further slow transmission of Novel Coronavirus Disease 2019 (“COVID-19”). As of the effective date and time of this Order set forth in Section 16 below, all individuals, businesses, and government agencies in the County of Santa Clara (“County”) are required to follow the provisions of this Order. The intent of this Order is to ensure that the maximum number of people shelter in their places of residence to the maximum extent feasible to slow the spread of COVID-19 and mitigate the impact on delivery of critical healthcare services to those in need. All provisions of this Order must be interpreted to effectuate this intent. Failure to comply with any of the provisions of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.

All individuals currently living within the County are ordered to shelter at their place of residence. They may leave their residence only for Essential Activities, Essential Governmental Functions, Essential Travel, to work for Essential Businesses, or to perform Minimum Basic Operations for non-essential businesses, all as defined in Section 13. Individuals experiencing homelessness are exempt from this Section, but are strongly urged to obtain shelter, and governmental and other entities are strongly urged to, as
soon as possible, make such shelter available and provide handwashing or hand sanitation facilities to persons who continue experiencing homelessness. When people need to leave their place of residence for the limited purposes allowed in this Order, they must strictly comply with Social Distancing Requirements as defined in Section 13.k, except as expressly provided in this Order.

All businesses with a facility in the County, except Essential Businesses, as defined in Section 13.f, are required to cease all activities at facilities located within the County except Minimum Basic Operations, as defined in Section 13.g. For clarity, all businesses may continue operations consisting exclusively of owners, employees, volunteers, or contractors performing activities at their own residences (i.e., working from home). All Essential Businesses are strongly encouraged to remain open. But Essential Businesses are directed to maximize the number of employees who work from home. Essential Businesses may only assign those employees who cannot perform their job duties from home to work outside the home. All Essential Businesses shall prepare, post, and implement a Social Distancing Protocol at each of their facilities at which they are maintaining operations, as specified in Section 13.h. Businesses that include an Essential Business component at their facilities alongside non-essential components must, to the extent feasible, scale down their operations to the Essential Business component only; provided, however, that mixed retail businesses that are otherwise allowed to operate under this Order may continue to stock and sell non-essential products. Essential Businesses must follow industry-specific guidance issued by the Health Officer related to COVID-19.

All public and private gatherings of any number of people occurring outside a single household or living unit are prohibited, except for the limited purposes expressly permitted in this Order. Nothing in this Order prohibits members of a single household or living unit from engaging in Essential Travel or Essential Activities together.

All travel, including, but not limited to, travel on foot, bicycle, scooter, motorcycle, automobile, or public transit, except Essential Travel, as defined below in Section 13.i, is prohibited. People may use public transit only for purposes of performing Essential Activities or to travel to and from work to operate Essential Businesses, maintain Essential Governmental Functions, or to perform Minimum Basic Operations at non-essential businesses. Transit agencies and people riding on public transit must comply with Social Distancing Requirements, as defined in Section 13.k, to the greatest extent feasible. This Order allows travel into or out of the County only to perform Essential Activities, operate Essential Businesses, maintain Essential Governmental Functions, or perform Minimum Basic Operations at non-essential businesses.

This Order is issued based on evidence of increasing occurrence of COVID-19 within the County and throughout the Bay Area, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, and evidence that the age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19. Due to the outbreak of the COVID-19
disease in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the County. Making the problem worse, some individuals who contract the virus causing the COVID-19 disease have no symptoms or have mild symptoms, which means they may not be aware they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the infection, and because evidence shows the infection is easily spread, gatherings and other interpersonal interactions can result in preventable transmission of the virus. This public health emergency has substantially worsened since the County issued the Prior Shelter Order on March 16, 2020, with a significant escalation in the number of positive cases, hospitalizations, and deaths, and increasing strain on health care resources. At the same time, evidence suggests that the restrictions on mobility and social distancing requirements imposed by the Prior Shelter Order are slowing the rate of increase in community transmission and confirmed cases by limiting interactions among people, consistent with scientific evidence of the efficacy of similar measures in other parts of the country and world. The scientific evidence shows that at this stage of the emergency, it remains essential to continue to slow virus transmission as much as possible to protect the most vulnerable, to prevent the health care system from being overwhelmed, and to prevent deaths. Extension of the Prior Shelter Order and strengthening of its restrictions are necessary to further reduce the spread of the COVID-19 disease, preserving critical and limited healthcare capacity in the County and advancing toward a point in the public health emergency where transmission can be controlled.

This Order is also issued in light of the existence, as of March 29, 2020, of 848 cases of COVID-19 in the County, as well as at least 2,092 confirmed cases (up from 258 confirmed cases on March 15, 2020, just before the Prior Shelter Order) and at least 51 deaths (up from three deaths on March 15, 2020) in the seven Bay Area jurisdictions jointly issuing this Order, including a significant and increasing number of suspected cases of community transmission and likely further significant increases in transmission. This Order is necessary to slow the rate of spread, and the Health Officer will re-evaluate it as further data becomes available.

This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the February 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the February 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the February 10, 2020 Resolution of the Board of Supervisors of the County of Santa Clara Ratifying and Extending the Declaration of a Local Health Emergency, and the February 10, 2020 Resolution of the Board of Supervisors of the County of Santa Clara Ratifying and Extending the Proclamation of a Local Emergency.

This Order is issued in light of evidence that the Prior Shelter Order has been generally effective in increasing social distancing, but that at this time additional restrictions are necessary to further mitigate the rate of transmission of COVID-19, to prevent the health care system from being overwhelmed, and prevent death. This Order comes after the
release of substantial guidance from the County Health Officer, the Centers for Disease Control and Prevention, the California Department of Public Health, and other public health officials throughout the United States and around the world, including an increasing number of orders imposing similar social distancing requirements and mobility restrictions to combat the spread and harms of COVID-19. The Health Officer will continue to assess the quickly evolving situation and may modify or extend this Order, or issue additional Orders, related to COVID-19, as changing circumstances dictate.

This Order is also issued in light of the March 19, 2020 Order of the State Public Health Officer (the “State Shelter Order”), which set baseline statewide restrictions on non-residential business activities effective until further notice, as well as the Governor's March 19, 2020 Executive Order N-33-20 directing California residents to follow the State Shelter Order. The State Shelter Order was complementary to the Prior Shelter Order. This Order adopts in certain respects more stringent restrictions addressing the particular facts and circumstances in this County, which are necessary to control the public health emergency as it is evolving within the County and the Bay Area. Without this tailored set of restrictions that further reduces the number of interactions between persons, scientific evidence indicates that the public health crisis in the County will worsen to the point at which it may overtake available health care resources within the County and increase the death rate. Also, this Order enumerates additional restrictions on non-work-related travel not covered by the State Shelter Order, including limiting such travel to performance of Essential Travel or Essential Activities; sets forth mandatory Social Distancing Requirements for all individuals in the County when engaged in activities outside their residences; and adds a mechanism to ensure that Essential Businesses comply with the Social Distancing Requirements. Where a conflict exists between this Order and any state public health order related to the COVID-19 pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, except where the State Health Officer may issue an order expressly directed at this Order and based on a finding that a provision of this Order constitutes a menace to public health, any more restrictive measures in this Order continue to apply and control in this County.

Definitions and Exemptions.

For the purposes of this Order, individuals may leave their residence only to perform the following “Essential Activities.” But people at high risk of severe illness from COVID-19 and people who are sick are strongly urged to stay in their residence to the extent possible, except as necessary to seek or provide medical care or Essential Governmental Functions. Essential Activities are:

To engage in activities or perform tasks important to their health and safety, or to the health and safety of their family or household members (including pets), such as, by way of example only and without limitation, obtaining medical supplies or medication, or visiting a health care professional.
To obtain necessary services or supplies for themselves and their family or household members, or to deliver those services or supplies to others, such as, by way of example only and without limitation, canned food, dry goods, fresh fruits and vegetables, pet supply, fresh meats, fish, and poultry, and any other household consumer products, products needed to work from home, or products necessary to maintain the habitability, sanitation, and operation of residences.

To engage in outdoor recreation activity, including, by way of example and without limitation, walking, hiking, bicycling, and running, in compliance with Social Distancing Requirements and with the following limitations:

Outdoor recreation activity at parks, beaches, and other open spaces must be in conformance with any restrictions on access and use established by the Health Officer, government, or other entity that manages such area to reduce crowding and risk of transmission of COVID-19. Such restrictions may include, but are not limited to, restricting the number of entrants, closing the area to vehicular access and parking, or closure to all public access;

Use of recreational areas with high-touch equipment or that encourage gathering, including, but not limited to, playgrounds, outdoor gym equipment, picnic areas, dog parks, and barbecue areas, is prohibited outside of residences, and all such areas shall be closed to public access including by signage and, as appropriate, by physical barriers;

Use of shared facilities for recreational activities outside of residences, including, but not limited to, golf courses, tennis and pickle ball courts, rock parks, climbing walls, pools, spas, shooting and archery ranges, gyms, disc golf, and basketball courts is prohibited and those areas must be closed for recreational purposes, including by signage and, as appropriate, by physical barriers. Such facilities may be repurposed during the emergency to provide essential services needed to address the COVID-19 pandemic; and

Sports or activities that include the use of shared equipment may only be engaged in by members of the same household or living unit.

To perform work for an Essential Business or to otherwise carry out activities specifically permitted in this Order, including Minimum Basic Operations, as defined in this Section. To provide necessary care for a family member or pet in another household who has no other source of care.

To attend a funeral with no more than 10 individuals present.

To move residences, but only if it is not possible to defer an already planned move, if the move is necessitated by safety, sanitation, or habitability reasons, or if the move is necessary to preserve access to shelter. When moving into or out of the Bay Area region, individuals are strongly urged to quarantine for 14 days. To quarantine, individuals should follow the guidance of the United States Centers for Disease Control and Prevention.

For the purposes of this Order, individuals may leave their residence to work for, volunteer at, or obtain services at “Healthcare Operations,” including, without limitation, hospitals,
clinics, COVID-19 testing locations, dentists, pharmacies, blood banks and blood drives, pharmaceutical and biotechnology companies, other healthcare facilities, healthcare suppliers, home healthcare services providers, mental health providers, or any related and/or ancillary healthcare services. “Healthcare Operations” also includes veterinary care and all healthcare services provided to animals. This exemption for Healthcare Operations shall be construed broadly to avoid any interference with the delivery of healthcare, broadly defined. “Healthcare Operations” excludes fitness and exercise gyms and similar facilities.

For the purposes of this Order, individuals may leave their residence to provide any services or perform any work necessary to the operation and maintenance of “Essential Infrastructure,” including airports, utilities (including water, sewer, gas, and electrical), oil refining, roads and highways, public transportation, solid waste facilities (including collection, removal, disposal, and processing facilities), cemeteries, mortuaries, crematoriums, and telecommunications systems (including the provision of essential global, national, and local infrastructure for internet, computing services, business infrastructure, communications, and web-based services).

For the purposes of this Order, all first responders, emergency management personnel, emergency dispatchers, court personnel, and law enforcement personnel, and others who need to perform essential services are categorically exempt from this Order to the extent they are performing those essential services. Further, nothing in this Order shall prohibit any individual from performing or accessing “Essential Governmental Functions,” as determined by the governmental entity performing those functions in the County. Each governmental entity shall identify and designate appropriate employees, volunteers, or contractors to continue providing and carrying out any Essential Governmental Functions, including the hiring or retention of new employees or contractors to perform such functions. Each governmental entity and its contractors must employ all necessary emergency protective measures to prevent, mitigate, respond to and recover from the COVID-19 pandemic, and all Essential Governmental Functions shall be performed in compliance with Social Distancing Requirements to the greatest extent feasible.

For the purposes of this Order, a “business” includes any for-profit, non-profit, or educational entity, whether a corporate entity, organization, partnership or sole proprietorship, and regardless of the nature of the service, the function it performs, or its corporate or entity structure.

For the purposes of this Order, “Essential Businesses” are:

Healthcare Operations and businesses that operate, maintain, or repair Essential Infrastructure;

Grocery stores, certified farmers’ markets, farm and produce stands, supermarkets, food banks, convenience stores, and other establishments engaged in the retail sale of unprepared food, canned food, dry goods, non-alcoholic beverages, fresh fruits and vegetables, pet supply, fresh meats, fish, and poultry, as well as hygienic products and
household consumer products necessary for personal hygiene or the habitability, sanitation, or operation of residences. The businesses included in this subparagraph (ii) include establishments that sell multiple categories of products provided that they sell a significant amount of essential products identified in this subparagraph, such as liquor stores that also sell a significant amount of food.

Food cultivation, including farming, livestock, and fishing;

Businesses that provide food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals;

Construction, but only of the types listed in this subparagraph below:

Projects immediately necessary to the maintenance, operation, or repair of Essential Infrastructure;

Projects associated with Healthcare Operations, including creating or expanding Healthcare Operations, provided that such construction is directly related to the COVID-19 response;

Affordable housing that is or will be income-restricted, including multi-unit or mixed-use developments containing at least 10% income-restricted units;

Public works projects if specifically designated as an Essential Governmental Function by the lead governmental agency;

Shelters and temporary housing, but not including hotels or motels;

Projects immediately necessary to provide critical non-commercial services to individuals experiencing homelessness, elderly persons, persons who are economically disadvantaged, and persons with special needs;

Construction necessary to ensure that existing construction sites that must be shut down under this Order are left in a safe and secure manner, but only to the extent necessary to do so; and

Construction or repair necessary to ensure that residences and buildings containing Essential Businesses are safe, sanitary, or habitable to the extent such construction or repair cannot reasonably be delayed;

Newspapers, television, radio, and other media services;

Gas stations and auto-supply, auto-repair (including, but not limited to, for cars, trucks, motorcycles and motorized scooters), and automotive dealerships, but only for the purpose of providing auto-supply and auto-repair services (and not, by way of example,
car sales or car washes). This subparagraph (vii) does not restrict the on-line purchase of automobiles if they are delivered to a residence or Essential Business;

Bicycle repair and supply shops;

Banks and related financial institutions;

Service providers that enable residential transactions (including rentals, leases, and home sales), including, but not limited to, real estate agents, escrow agents, notaries, and title companies, provided that appointments and other residential viewings must only occur virtually or, if a virtual viewing is not feasible, by appointment with no more than two visitors at a time residing within the same household or living unit and one individual showing the unit (except that in person visits are not allowed when the occupant is still residing in the residence);

Hardware stores;

Plumbers, electricians, exterminators, and other service providers who provide services that are necessary to maintaining the habitability, sanitation, and operation of residences and Essential Businesses, but not for cosmetic or other purposes;

Arborists, landscapers, gardeners, and similar service professionals, but only to the limited extent necessary to maintain the habitability, sanitation, operation of businesses or residences, or the safety of residents, employees, or the public (such as fire safety or tree trimming to prevent a dangerous condition), and not for cosmetic or other purposes (such as upkeep);

Businesses providing mailing and shipping services, including post office boxes;

Educational institutions—including public and private K-12 schools, colleges, and universities—for purposes of facilitating distance learning or performing essential functions, provided that social distancing of six-feet per person is maintained to the greatest extent possible;

Laundromats, drycleaners, and laundry service providers;

Restaurants and other facilities that prepare and serve food, but only for delivery or carry out. Schools and other entities that typically provide free food services to students or members of the public may continue to do so under this Order on the condition that the food is provided to students or members of the public on a pick-up and take-away basis only. Schools and other entities that provide food services under this exemption shall not permit the food to be eaten at the site where it is provided, or at any other gathering site; Funeral home providers, mortuaries, cemeteries, and crematoriums, to the extent necessary for the transport, preparation, or processing of bodies or remains;
Businesses that supply other Essential Businesses with the support or supplies necessary to operate, but only to the extent that they support or supply these Essential Businesses. This exemption shall not be used as a basis for engaging in sales to the general public from retail storefronts;

Businesses that have the primary function of shipping or delivering groceries, food, or other goods directly to residences or businesses. This exemption shall not be used to allow for manufacturing or assembly of non-essential products or for other functions besides those necessary to the delivery operation;

Airlines, taxis, rental car companies, rideshare services (including shared bicycles and scooters), and other private transportation providers providing transportation services necessary for Essential Activities and other purposes expressly authorized in this Order;

Home-based care for seniors, adults, children, and pets;

Residential facilities and shelters for seniors, adults, and children;

Professional services, such as legal, notary, or accounting services, when necessary to assist in compliance with non-elective, legally required activities;

Services to assist individuals in finding employment with Essential Businesses;

Moving services that facilitate residential or commercial moves that are allowed under this Order;

Childcare facilities providing services that enable owners, employees, volunteers, and contractors for Essential Businesses, Essential Governmental Functions, or Minimum Basic Operations to work as allowed under this Order. Children of owners, employees, volunteers, and contractors who are not exempt under this Order may not attend childcare facilities. To the extent possible, childcare facilities must operate under the following conditions:

Childcare must be carried out in stable groups of 12 or fewer (“stable” means that the same 12 or fewer children are in the same group each day).

Children shall not change from one group to another.

If more than one group of children is cared for at one facility, each group shall be in a separate room. Groups shall not mix with each other.

Childcare providers shall remain solely with one group of children.

For the purposes of this Order, “Minimum Basic Operations” means the following activities for businesses, provided that owners, employees, and contractors comply with Social Distancing Requirements as defined this Section, to the extent possible, while carrying out such operations:
The minimum necessary activities to maintain and protect the value of the business’s inventory and facilities; ensure security, safety, and sanitation; process payroll and employee benefits; provide for the delivery of existing inventory directly to residences or businesses; and related functions.

The minimum necessary activities to facilitate owners, employees, and contractors of the business being able to continue to work remotely from their residences, and to ensure that the business can deliver its service remotely.

For the purposes of this Order, all Essential Businesses must prepare and post by no later than 11:59 p.m. on April 2, 2020 a “Social Distancing Protocol” for each of their facilities in the County frequented by the public or employees. The Social Distancing Protocol must be substantially in the form attached to this Order as Appendix A. The Social Distancing Protocol must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and employees. A copy of the Social Distancing Protocol must also be provided to each employee performing work at the facility. All Essential Businesses shall implement the Social Distancing Protocol and provide evidence of its implementation to any authority enforcing this Order upon demand. The Social Distancing Protocol must explain how the business is achieving the following, as applicable:

Limiting the number of people who can enter into the facility at any one time to ensure that people in the facility can easily maintain a minimum six-foot distance from one another at all times, except as required to complete the Essential Business activity;

Where lines may form at a facility, marking six-foot increments at a minimum, establishing where individuals should stand to maintain adequate social distancing;

Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and employees, and in locations where there is high-frequency employee interaction with members of the public (e.g. cashiers);

Providing for contactless payment systems or, if not feasible to do so, the providing for disinfecting all payment portals, pens, and styluses after each use;

Regularly disinfecting other high-touch surfaces; and

Posting a sign at the entrance of the facility informing all employees and customers that they should: avoid entering the facility if they have a cough or fever; maintain a minimum six-foot distance from one another; sneeze and cough into one’s elbow; not shake hands or engage in any unnecessary physical contact.

Any additional social distancing measures being implemented (see the Centers for Disease Control and Prevention’s guidance at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html).
For the purposes of this Order, “Essential Travel” means travel for any of the following purposes:

- Travel related to the provision of or access to Essential Activities, Essential Governmental Functions, Essential Businesses, or Minimum Basic Operations.
- Travel to care for any elderly, minors, dependents, or persons with disabilities.
- Travel to or from educational institutions for purposes of receiving materials for distance learning, for receiving meals, and any other related services.
- Travel to return to a place of residence from outside the County.
- Travel required by law enforcement or court order.
- Travel required for non-residents to return to their place of residence outside the County. Individuals are strongly encouraged to verify that their transportation out of the County remains available and functional prior to commencing such travel.
- Travel to manage after-death arrangements and burial.
- Travel to arrange for shelter or avoid homelessness.
- Travel to avoid domestic violence or child abuse.
- Travel for parental custody arrangements.
- Travel to a place to temporarily reside in a residence or other facility to avoid potentially exposing others to COVID-19, such as a hotel or other facility provided by a governmental authority for such purposes.

For purposes of this Order, “residences” include hotels, motels, shared rental units and similar facilities. Residences also include living structures and outdoor spaces associated with those living structures, such as patios, porches, backyards, and front yards that are only accessible to a single family or household unit.

For purposes of this Order, “Social Distancing Requirements” means:

- Maintaining at least six-foot social distancing from individuals who are not part of the same household or living unit;
- Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that is recognized by the Centers for Disease Control and Prevention as effective in combatting COVID-19;
Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands); and

Avoiding all social interaction outside the household when sick with a fever or cough. All individuals must strictly comply with Social Distancing Requirements, except to the limited extent necessary to provide care (including childcare, adult or senior care, care to individuals with special needs, and patient care); as necessary to carry out the work of Essential Businesses, Essential Governmental Functions, or provide for Minimum Basic Operations; or as otherwise expressly provided in this Order.

Government agencies and other entities operating shelters and other facilities that house or provide meals or other necessities of life for individuals experiencing homelessness must take appropriate steps to help ensure compliance with Social Distancing Requirements, including adequate provision of hand sanitizer. Also, individuals experiencing homelessness who are unsheltered and living in encampments should, to the maximum extent feasible, abide by 12 foot by 12 foot distancing for the placement of tents, and government agencies should provide restroom and hand washing facilities for individuals in such encampments as set forth in Centers for Disease Control and Prevention Interim Guidance Responding to Coronavirus 2019 (COVID-19) Among People Experiencing Unsheltered Homelessness (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/unsheltered-homelessness.html).

Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.

This Order shall become effective at 11:59 p.m. on March 31, 2020 and will continue to be in effect until 11:59 p.m. on May 3, 2020, or until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Copies of this Order shall promptly be: (1) made available at the County Government Center at 70 W. Hedding Street, San José, California; (2) posted on the County Public Health Department website (sccphd.org); and (3) provided to any member of the public requesting a copy of this Order. If any provision of this Order to its application to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:  
Sara H. Cody, M.D.  
Health Officer of the County of Santa Clara  
Dated: 3/31/2020

Approved as to form and legality:  
James R. Williams  
County Counsel  
Dated: 3/31/2020
Appendix 5.0 – Local Level Declarations
NO. _______

A PROCLAMATION OF LOCAL EMERGENCY IN THE CITY OF SANTA CLARA, CALIFORNIA BY THE DIRECTOR OF EMERGENCY SERVICES

BE IT PROCLAIMED BY THE CITY OF SANTA CLARA AS FOLLOWS:

WHEREAS, section 2.140.060 of "The Code of the City of Santa Clara, California" ("SCCC") empowers the Director of Emergency Services to proclaim the existence or threatened existence of a "local emergency" when the City of Santa Clara is affected or likely to be affected by a public calamity, subject to ratification by the City Council within seven days;

WHEREAS, a novel coronavirus (named "COVID-19") was first detected in Wuhan City, Hubei Province, China in December 2019. The Centers for Disease Control and Prevention (CDC) considers the virus to be a very serious public health threat with outcomes ranging from mild sickness to severe illness and death. COVID-19 has spread globally over 114 countries, infected over 118,000 people and killed more than 4,000 individuals¹;

WHEREAS, On January 30, 2020, the World Health Organization declared the COVID-19 outbreak a Public Health Emergency of International Concern;

WHEREAS, On January 31, 2020, the United States Secretary of Health and Human Services declared a Public Health Emergency;

WHEREAS, On January 31, 2020, the first case of COVID-19 was confirmed in the County of Santa Clara ("County");

WHEREAS, by March 4, 2020 the number of confirmed cases of COVID-19 in the County had increased to eleven (11) with confirmed community spread, the California Department of Health Services reported its first death related to COVID-19, and the Governor of California declared a state of emergency;

¹ World Health Organization Coronavirus disease (COVID-19) Situation Report - 51
WHEREAS, on March 5, 2020, the County issued guidance on social distancing, large event, and mass gathering closures;

WHEREAS, by March 6, 2020 the number of confirmed cases of COVID-19 in the County had increased to twenty-four (24);

WHEREAS, on March 9, 2020 the County Public Health Department announced the first death from COVID-19 and the Public Health Officer issued a mandatory order requiring the cancellation of mass gatherings of 1000 or more people in the County taking effect at 12:00 a.m. on March 11, 2020;

WHEREAS, by March 11, 2020 the number of confirmed cases of COVID-19 in the County had increased to forty-eight (48);

WHEREAS, on March 11, 2020 the World Health Organization made the assessment that COVID-19 can be characterized as a pandemic;

WHEREAS, on March 11, 2020 the CDC issued recommendations for 30-day mitigation strategies for the County based on the current situation with COVID-19 transmission and affected health care facilities including the recommendation to cancel large gatherings e.g., greater than 250 people or move to smaller groupings;

WHEREAS, On March 11, 2020 the Governor of the State of California announced that California public health officials have determined that gatherings of more than 250 people should be postponed or canceled across the state until at least the end of March.

WHEREAS, the efforts required to prepare for, respond to, mitigate, and recover from the increasing spread of COVID-19 have imposed, and will continue to impose, extraordinary requirements and expenses on the City, requiring diversion of resources from day-to-day operations; and
WHEREAS, conditions of extreme peril to the safety of persons and property have arisen within the City of Santa Clara, caused by a COVID-19, commencing on or about March 11, 2020, at which time the City Council was not in session.

NOW THEREFORE, BE IT FURTHER PROCLAIMED BY THE CITY OF SANTA CLARA AS FOLLOWS:

1. That the Director of Emergency Services hereby finds that conditions of extreme peril to the safety of persons and property do warrant and necessitate the proclamation of a local emergency.

2. That the Director of Emergency Services of the City of Santa Clara proclaims the existence of a local emergency within the City of Santa Clara on March 11, 2020.

3. That it is therefore proclaimed and ordered that the local emergency shall be ratified by the City Council within 7 days of this proclamation and will be reviewed at least every 30 days until termination is proclaimed by the City Council per Government Code 8630.

4. Effective date. This proclamation shall become effective immediately.

Date: 3/11/2020

DEANNA J. SANTANA
Director of Emergency Services
City of Santa Clara
Appendix 6.0 – Agency Generated Guidance

[NOTE: Refer to electronic files kept on I:Drive at I:\COVID19]
City of Santa Clara

Fire Department

Memorandum

Date: March 16, 2020

To: Santa Clara Fire Department Personnel

From: Matt Queen, Battalion Chief

Subject: Health Screenings

The following directive is to inform all Suppression Personnel that we will be starting health screenings prior to, during, and at the conclusion of work cycles. The following procedure will be implemented beginning on March 16 at 1700 for A shift personnel. The screening will remain in effect for the foreseeable future for all personnel.

Health Screening Procedure for Reporting for Duty
All personnel must be screened for COVID-19 signs and symptoms PRIOR to entering the living quarters of the fire station at the beginning of their shift. It is understood that personnel get to the fire station at various hours of the day, but it is imperative that personnel coordinate with their Station Captain and go through a health screening no matter what time of day they go from “off-duty” to “on-duty.”

- On coming shift employees will gather in the apparatus bay as a crew by 0800 and will NOT enter the living quarters of the fire station.
- The on-duty company officer is responsible for filling out the daily health screening form, which entails:
  - Temperature Check (x3) with all results documented
  - Respiratory symptom questions (yes or no)
- Once all employees have been checked and cleared (no fever or respiratory symptoms) they can place their PPE on the apparatus and enter the station.
- All documentation filed for the shift.
- If any positive results, notify the BC immediately and do not allow that employee to enter the station.
- Maintain social distancing guidelines for crew exchange and minimize interaction with off-going crew expect for necessary information exchange.

Health Screening Procedure for Middle of Set
- Middle of set screening will occur at 0800 of the second shift.
- The on-duty company officer is responsible for filling out the daily health screening form. Another member of the crew will screen the company officer. The screening entails:
  - Temperature Check (x3) with all results documented
  - Respiratory symptom questions (yes or no)
- All documentation filed for the shift.
- If any positive results, place employee on N95 mask, isolate, then notify the BC.
Health Screenings
March 16, 2020

Page 2

Health Screening Procedure for Going Off-Duty

- Wake-up and answer the morning alarm test at 0700
- Report as a crew to the apparatus bay for off-duty health screening
- The on-duty company officer is responsible for filling out the daily health screening form. Another member of the crew will screen the company officer. The screening entails:
  - Temperature Check (x3) with all results documented
  - Respiratory symptom questions (yes or no)
- File paperwork in secure station file for shift.
- If any positive results, place employee on N95 mask, isolate, then notify the BC.
- Ensure station is cleaned and decontaminated for on-coming crew.
- Maintain social distancing guidelines for crew exchange and minimize interaction with on-coming crew except for necessary information exchange.
SCFD COVID19 Daily Health Screening Documentation Form Rev Dated 3/16/2020

Santa Clara Fire Department
777 Benton St
Santa Clara, CA 95050

Santa Clara Fire Department
Daily Health Screening

Employee Name:

Assignment:

Shift Dates:

Person Performing Health Screening:

**Temperature Readings**

<table>
<thead>
<tr>
<th></th>
<th>Pre-shift temperature</th>
<th>24-hour temperature</th>
<th>End of Duty temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temp #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temp #3</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are you experiencing any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Pre-shift (yes/no)</th>
<th>24-hour (yes/no)</th>
<th>End of duty (yes/no)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General malaise</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(weakness)</td>
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<td></td>
<td></td>
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<tr>
<td>Fever</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chills</td>
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<td></td>
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<tr>
<td>Cough</td>
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<td></td>
</tr>
<tr>
<td>Sore throat</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Respiratory distress</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Contact Battalion Chief immediately with any positive findings*
Upon completion file form in secure station file cabinet

*positive finding for temperature is considered above 100.4°F
Abbreviated Recommended Decontamination Practices for SCFD Stations and Equipment
[Rev 3/16/2020]

To clarify and simplify the previous email and training regarding decontamination practices, please see the bulleted list below:

- PPE for cleaning the Station and Rigs under Normal Circumstances: Similar to what most people are already doing, disposable Nitrile gloves. Eye protection, gowns and/or N95 not required.
- Soiled PPE from Station and Rig cleaning can be disposed of in normal trash. Bio Hazard bags should be used during known or gross decon post call.
- We should be cleaning the stations and rigs at least once per day and cleaning post call, as appropriate.
- Use 10% Bleach disinfectant solution (1 part Bleach/9 parts water) for surface cleaning and mopping.
- Mix up fresh batches of Bleach/Water solution frequently when needed. Shouldn’t be more than 1 hour old.
- Pine-Sol, Spic n Span, Windex and NABC are not rated for decontamination of some viral agents. Don’t use them for station wide cleaning.
- CaviCide and Sani-Cloths are approved for surface decontamination. Use them on rigs, bags, etc…. Wear gloves and don’t use them on food prep surfaces.
- Wipe surfaces with clean clothes and Bleach/Water solution or use Sani-Cloths. Don’t use spray bottles if possible.
- Allow surfaces to air dry after wiping.
- Do a second wipe down on frequent hand contact surfaces.
- When done mopping, pour out dirty water, refill the mop bucket with fresh Bleach/Water solution and let the mops soak in the clean solution for 20 mins, then let them air dry.
- Wash hands frequently for at least 20 seconds.
- Use hand sanitizer post call and wash hands at the earliest opportunity.

We are attempting to be “institutional” about our cleaning practices. Similar to hospitals and clinics…

These recommendations may seem unnecessary or counter-intuitive in some ways… they are the direction of the C.D.C, E.P.A and W.H.O… we should endeavor to follow them.

Please see the Full Decontamination Practices document or contact Station 9B with any questions.
Recommended Decontamination Practices for SCFD Stations and Equipment

Driver/Engineer Aaron Gandy, HMS Station 9

Revision C, dated 3_30_2020

Surface decontamination procedures for Coronavirus and other respiratory viruses as of January 2020.

Based on sources and recent studies conducted at Arizona State University, Centers for Disease Control and Prevention, and the United States Environmental Protection Agency.

Important: For large-scale decontamination or deep cleaning of facilities and/or residences within the City, an outside vendor must be utilized.

Per the CDC, EPA and WHO it is highly recommended to follow these guidelines when cleaning spaces with potential 2019-nCoV contamination. Coronaviruses have been shown to be viable on surfaces for several days (up to 3 days on hard surfaces).

Section I: Personal Protective Equipment (PPE)

For spaces that must be cleaned due to known or gross contamination, PPE must be worn before entering spaces to be decontaminated.

Recommended PPE items:
- Disposable face shield.
- Disposable gloves.
- Disposable gowns.
- N95 respirator, P100 or surgical mask.

Note: All disposable masks, gowns and gloves should be disposed of as biohazardous waste after use. Do not reuse.

Section II: Preparation before cleaning spaces

1. All solutions of disinfectants must be prepared in a clean, dry container.

2. All solutions must be prepared fresh daily with tap water and at the proper mixture for the dilution (for example, a 10 percent bleach dilution is one part concentrated bleach to nine parts water).

3. Do not use spray bottles when cleaning surfaces. Spraying surfaces may cause aerosols. Containers that disperse liquid can be used to apply disinfectants to surfaces, or disinfectants can be poured gently onto cleaning cloths to clean surfaces.

4. EPA-registered disinfectants must be used. Examples include bleach and CaviCide.

5. Pre-mixed “ready-to-use” disinfectant solutions or wipes may also be used. Examples include Sani-CLOTHS and CaviWipes.
Section III: Housekeeping surfaces can be divided into two groups

1. Those requiring minimal hand-contact, such as floors, window sills, walls and ceilings.

2. Those requiring frequent hand-contact, such as counters, doors, handrails, light switches, phones, computer keyboards, and areas in bathrooms.

To clean minimal hand-contact surfaces, follow these guidelines:

1. For windowsills, walls and ceilings, prepare the cleaning solutions (for example, a 10% bleach dilution is one part concentrated bleach to nine parts water) using the recommended PPE.

2. Follow standard procedures for cleaning with the exception that no spray bottles should be used. Disinfectant must be poured gently into cleaning cloth and surfaces wiped gently and allowed to dry completely.

3. Methods for cleaning hard floors include wet mopping and wet vacuuming. Water-disinfectant solutions for mopping should be prepared as described in Section II.

4. Disinfectant solutions used for mopping must be replaced regularly, at no longer than 60-minute intervals.

5. Replace soiled cloths and mop heads with clean ones every time the disinfectant solution is replaced.

6. A source of contamination in the cleaning process is the cloth or mop head. Never leave cloths or mop heads to soak in dirty cleaning solutions. Cloths and mop heads must be decontaminated by immersing them in 10% bleach (one part concentrated bleach to nine parts water) for a contact time of 20 minutes. Then rinse mop heads and cloths with cool water and allow to dry completely before reuse.

7. Single-use disposable cleaning cloths and mop heads can also be used as an alternative. If using disposable cleaning cloths and mops, double bag appropriate biohazard waste in plastic bags before disposal.

8. After cleaning, remove all disposable PPE and double bag biohazardous waste before disposal.

9. Wash or scrub hands and forearms for at least 20 seconds with soap and warm water after removing PPE.

Section IV: How to clean frequent hand-contact surfaces

1. For counters, doors, handrails, bathrooms and other surfaces that are hard or non-porous, such as plastic, glass, or metal, wear the recommended PPE and pour an EPA-registered disinfectant gently into a cleaning cloth or use disinfectant wipes (EZ-KILL, CaviWipes, etc.) to wipe down the surfaces. Allow the surfaces to dry completely.

2. Follow with a second wipe with a clean cloth and disinfectant or disposable disinfecting wipes.

3. Place disposable wipes in a sealed, Ziploc plastic bag after cleaning then transfer to appropriate biohazard waste. Reusable cloths must be placed in a sealed plastic bag until laundered or immediately transferred to a clean bucket and decontaminated by immersing them in 10% bleach (one part concentrated bleach to nine parts water) for a contact time of 20 minutes. Then rinse...
cloths with cool water and allow to dry completely before reuse. If a plastic bag was used, discard it in the appropriate biohazard waste.

4. All disposable materials used during cleanup must be double-bagged as biohazardous waste before disposal.

5. After cleaning, remove all disposable PPE and double bag a biohazardous waste before disposal.

6. Wash or scrub hands and forearms for at least 20 seconds with soap and warm water after removing PPE.

Section V: Furniture and carpeting

Furniture

For surfaces that are soft or made of cloth, such as furniture — even though pathogenic microorganisms have been isolated from these surfaces — evidence does not suggest they create an increased risk of infection compared with areas that contain hard-surfaced furniture. Furniture may be cleaned with disinfectant wipes using the recommended PPE. For gross contamination of furniture, an outside vendor must be contacted.

Carpeting

For gross contamination of carpets, an outside vendor must be contacted. Wet vacuum cleaners may be used to decontaminate smaller sections using the recommended PPE. According to OSHA, carpeting contaminated with blood or other potentially infectious materials cannot be fully decontaminated. Allow carpet and rugs to completely air dry without the use of fans, which can create aerosols.

Linens, clothing, and other items that go in the laundry

Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. Clean hands immediately after gloves are removed.

If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.

If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.

Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people’s items.

Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

It is recommended that all personnel take clothes and bedding home to be cleaned and laundered at the end of each shift. The actual washing can be done at home, laundry mat or by laundry service (if applicable).

All station beds & mattresses utilized by personnel should have, at a minimum, a normal washable bedsheet in place to provide a more sanitary mattress for multiple users. A washable pillowcase should also be used.
Section VI: Potential Exposures

If personal clothing becomes contaminated during the clean-up process, it should be removed in a manner that avoids the potential for mucous membrane exposure (e.g., to the eyes, face, mouth) and placed into sealed bags (preferably red biohazard bags). Any exposed body surfaces must be washed and scrubbed for at least 20 seconds with soap and water.

References

2. Centers for Disease Control and Prevention. Background E. Environmental Services Guidelines for Environmental Infection Control in Health-Care Facilities (2003). cdc.gov/infectioncontrol/guidelines/environmental/background/services.html#anchor_1554827215
3. United States Environmental Protection Agency. EPA’s Registered Antimicrobial Products Effective Against Mycobacterium Tuberculosis, Human HIV-1 and Hepatitis B Virus. epa.gov/sites/production/files/2018-01/documents/2018.05.01.liste_.pdf
5. World Health Organization. First data on stability and resistance of SARS Coronavirus Compiled by Members of WHO Laboratory Network. who.int/csr/sars/survival_2003_05_04/en/
9. Centers for Disease Control and Prevention. Environmental Infection Control Guidelines. cdc.gov/infectioncontrol/guidelines/environmental/index.html#e


Fire departments in the hard-hit Seattle area have instituted a practice they term “airlocking” to prevent all unnecessary contact between suppression personnel and critical administrative/support staff. This includes administrators, technical support, fleet mechanics, and personnel at regularly visited logistics hubs (in our case, Stations 1-EMS, Sta. 2-Training Division, and Sta. 9-PPE & Airpacks). Like wildand firefighting, the idea is to create a fire break between working groups to minimize potential spread. The goal of this practice is to maintain the current (and future) continuity of key support/logistical functions inside the department.

Effective immediately upon issue of this procedure by Operations:

Admin/Headquarters: Fire Administrative offices at 777 Benton Street are off limits to all suppression members. Any exchange of materials (interoffice mail, paystubs, office supplies, etc.) are to occur on a table that will be placed in the admin-side of the app bay at Station 1. Suppression personnel will make every effort minimize their physical interaction at this table with administrators and support staff when picking up or dropping off items. Maximize the use of email and telephone comms to process exchanges. Follow the chain-of-command for payroll issues. Do not contact Becca directly.

Fire Prevention: Fire Prevention office at 1675 Lincoln Street City Hall Complex interior is off limits to all suppression members, unless assigned as light duty/industrial injury. Light duty staff may not visit the fire stations. Necessary interactions with Prevention members should be limited to incidents only or critical needs (PPE, turnouts, etc.) occur outdoors whenever possible, and with 6-foot separations.

Fire Station Living Quarters: Visits to the living quarters at all Fire Stations are off limits to Fire Prevention staff. Necessary interactions with suppression members should be limited to incidents only or critical supply needs (PPE, turnouts, etc.) occur outdoors whenever possible, and with 6-foot separations. Only suppression personnel on-coming, on-duty, are off-going actively assigned to a station should be permitted inside living quarters after conducting current oncoming health screening procedures.

Central Garage: Central garage interior is off limits to all suppression staff. Vehicle exchanges will occur outdoors, necessary interactions with shop staff will occur outdoors, and with 6-foot separations. Maximize the use of email and telephone comms to process exchanges.

Fire Department Training/Operations Center: Upstairs of Training Center is off-limits to suppression personnel. Necessary interactions with suppression or prevention members should be limited to incidents only or critical supply needs. Maximize the use of email, web conferencing and telephone comms. Necessary prevention measures will be maximized to protect command and planning staff when in-person meetings must occur.
Station 1 - EMS and Station Supplies: Personnel not assigned to Station 1 duty for a shift/set are not to enter the living quarters of the station to retrieve either EMS restock or station supplies. All supply requests will be processed by Station 1 personnel. Any exchange of materials (interoffice mail, paystubs, office supplies, etc.) are to occur on a table in or on the floor of the app bay at Station 1. Suppression personnel will make every effort minimize their physical interaction with those assigned to Station 1. Maximize the use of email, Operative-iQ, and telephone comms to process supply and restock requests. Follow current PPE and cleaning supply protocols.

Station 2/Training Center/Drill Tower: Personnel not assigned to Station 2 duty for a shift/set are not to enter the living quarters of the station. Necessary interactions with suppression members should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. The training tower and drill grounds are open at this time, but units and crews should train with their unit’s assigned personnel only and minimize the physical interaction between separate crews. This includes air cylinder refill at the compressor station. If necessary, maximize use of Rescue-92 as an air unit on the exterior drill ground.

Station 9: Personnel not assigned to Station 9 duty for a shift/set are not to enter the living quarters of the station. No through-traffic is allowed between the front door to reach the app bay. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Equipment and PPE drop-off and pickup shall occur only at tables in the exterior app bay. Follow procedures promulgated locally by the Station 9 crews.

Extractor Use: Every effort shall be made to maximize use of extractors closest to your station. When at a station with an extractor, personnel not regularly assigned are not to enter the living quarters of that station. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Personnel are to process and pickup their own extractor laundry. Standby for further guidance to come from the PPE Project Officer.

Compressor Station Use/Breathing Air Refill: Every effort shall be made to maximize use of air compressor stations closest to your station. When at a station with a refill station, personnel not regularly assigned are not to enter the living quarters of that station. Necessary interactions with personnel should be limited to incidents only or critical needs, occur outdoors whenever possible, and with 6-foot separations. Crews are to fill their own air cylinders whenever possible. In the event of a significant incident requiring large amounts of refill to occur, efforts will be made to maximize use of Rescue-92 and Hazmat-99 as mobile air units.

It is the expectation that all personnel will police themselves in the adherence to these standards, and that company officers will enforce these measures until lifted. For further guidance, follow your chain-of-command starting with your immediate supervisor.
Date: March 17, 2020

To: Santa Clara Fire Department Personnel

From: Matt Queen, Battalion Chief

Subject: High Risk Patients and Facilities

The following directive is to inform all Suppression Personnel of additional steps, precautions, and considerations when responding to COVID-19 high risk patients and facilities. These are effective immediately.

A patient is determined to be HIGH RISK for COVID-19 if they have a fever, cough, or respiratory distress. We are working with Santa Clara Communications to identify these patients during dispatch but sometimes questions can only be answered once crews are on scene.

When responding to HIGH RISK patients, personnel should take these additional steps:

- Minimize the number of providers and family members in the building that are required for patient care. Unless the entire crew is critical to patient care, leave one crew member with the apparatus.
- If safe/feasible, have patient brought to the entry point of building.
- Don full droplet/contact PPE which includes EMS coat, gloves, eye protection, N95 respirator, and gown.

The following facilities in Santa Clara have been determined to be HIGH RISK for spread and severe complications due to COVID-19. This list is dynamic and may grow as the COVID-19 situation evolves.

1. Mission Skilled Nursing and Subacute Center- 390 N. Winchester Blvd
2. Valley House Rehabilitation Center- 991 Clyde Ave
3. Pacific Gardens (Memory Unit Only)- 2364 Pacific Dr

When responding to HIGH RISK facilities, personnel should take these additional steps:

- Minimize the number of providers in the building that are required for patient care. Unless the entire crew is critical to patient care, leave one crew member with the apparatus.
- Don full droplet/contact PPE which includes EMS coat, gloves, eye protection, N95 respirator, and gown.
Date: March 24, 2020  
To: Santa Clara Fire Department Personnel  
From: Matt Queen, Battalion Chief  
Subject: COVID-19 High Risk Facility Update

The following locations have been added to the list of COVID-19 High Risk Facilities in the City of Santa Clara:

**Western Motel** – 2250 El Camino Real  
**Hotel E-Real** – 3580 El Camino Real

These locations are being used by Santa Clara County as emergency shelters. They are not set up exclusively as quarantine sites, but rather will house a mix of COVID-19 positive and COVID-19 negative homeless clients. Currently, the Hotel E-Real has six (6) COVID-19 positive clients and the Western Motel is empty. Santa Clara Communications has added a “Health Precaution Advisory” to these addresses in CAD.

When responding to HIGH RISK facilities, personnel should take these additional steps:

- Whenever possible, request patient meet on the exterior and perform assessment in open-air.
- Minimize the number of providers in the building that are required for patient care. Unless the entire crew is critical to patient care, leave at least one crew member with the apparatus.
- Don full droplet/contact PPE which includes EMS coat, gloves, eye protection, N95 respirator, and gown.
### Indication for Use of Universal, Medium and High Precautions

#### Universal Precautions:
**Dispatch Triage:**
- No indication of fever or respiratory illness.
- No other indications that require a higher level of PPE from dispatch information.

**Doorway Triage (Performed at > 6 FT. DISTANCE):**
- Patient is able to answer questions and there is no indication of fever, respiratory illness, or any other indication that requires a higher level of PPE.
- If unable to perform initial assessment from greater than 6 ft. (doorway triage), go to high precaution guidelines.

#### Medium Risk Precautions:
**Dispatch Triage:**
- No indication of fever or respiratory illness.
- No other indications that require a higher level of PPE from dispatch information.

**Doorway Triage (Performed at > 6 FT. DISTANCE):**
- Patient is able to answer questions and there is no indication of fever, respiratory illness or any other indication that require a higher level of PPE.
- This level is for the discretion of personnel breaking the 6 ft. barrier to don N95 mask or personnel on scene that do not break the 6 ft. barrier on a high precaution patient that is not inside a high precaution facility.
- If N95 is used by personnel, and upon assessment patient is deemed effectively not at risk for contact transmission (not at risk for COVID-19), mask can be re-used.

#### High Risk Precautions:
**Dispatch Triage:**
- Any facility deemed high risk by operations (See Operations guidance document).
- Positive travel history.
- Droplet and contact precautions advised.
- Or any other indication for high suspicion of COVID-19 symptoms from dispatch information.

**Doorway Triage (> 6 FT. DISTANCE):**
- Patient confirms fever or respiratory illness.
- Patient unable to answer questions.
- Unable to perform a doorway triage
- Patient condition requires immediate intervention without the ability to perform a doorway triage

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Revision 5 dated 3/19/2020

ZM and GC
SCFD – EMS PPE RESPONSE CHECKLIST – COVID-19

*All EMS patients that can tolerate it should be placed on mask (K/C 95, surgical) as a barrier device to limit source exposure.*

<table>
<thead>
<tr>
<th>EMS RESPONSE WITH UNIVERSAL PRECAUTIONS</th>
<th>EMS RESPONSE WITH MEDIUM RISK PRECAUTIONS</th>
<th>EMS RESPONSE WITH HIGH RISK PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSAL PRECAUTIONS WILL BE CONSIDERED: EYE PROTECTION, GLOVES AND EMS COAT</td>
<td>MEDIUM PRECAUTIONS WILL BE CONSIDERED: UNIVERSAL PRECAUTIONS WITH THE ADDITION OF AN N95 MASK (OR P100 WHEN APPLICABLE)</td>
<td>HIGH PRECAUTIONS: MEDIUM PRECAUTIONS WITH THE ADDITION OF IMPERMEABLE GOWN</td>
</tr>
<tr>
<td>THESE PRECAUTIONS SHALL BE THE MINIMUM WORN BY ALL EMS PROVIDERS</td>
<td>THESE PRECAUTIONS SHALL BE WORN BY DESIGNATED PATIENT PERSON AND ALL EMS PROVIDERS THAT BREAK THE 6 FOOT BARRIER</td>
<td>THESE PRECAUTIONS SHALL BE WORN BY DESIGNATED PATIENT PERSON AND ALL EMS PROVIDERS THAT BREAK THE 6 FOOT BARRIER</td>
</tr>
</tbody>
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P-100 respirators would be indicated for aerosol-generating procedures (BVM ventilation, airway suctioning, LMA insertion, direct or video laryngoscopy, endotracheal intubation, nebulized albuterol or saline and CPAP)

Face shield may also be considered if indicated, such as if there is a splash risk.

NOTES:
- Santa Clara County EMS Policy #700-509 ‘Infectious Disease Control Measures’ is a baseline reference for EMS PPE and PPE-related items, augmented w/ current COVID-19 best-practices:
- If patient condition is stable and no intervention is immediately warranted, designated patient person may maintain distance greater than 6 ft. Only essential interventions should be performed on stable patients.
- If it is possible, have patient ambulate or be assisted outdoors to meet crew by family member or caregiver, with every effort made to have patient meet designated patient person in outside setting.
- All efforts should be made to limit exposure risk for responders. This is done by proper PPE level, source exposure control, limit exposure time, and limit number of people in exposure area.
- Eye protection must be disinfected after each use if reused.

Revision 5 dated 3/19/2020
ZM and GC
### EMS PPE Response Checklist – COVID-19

**EMS Response w/ Universal Precautions**

**EMS Universal Precautions**
- Eye Protection
- Gloves
- EMS Coat

<table>
<thead>
<tr>
<th>Donning Sequence:</th>
<th>Doffing Sequence:</th>
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<tr>
<td>Assumed coat is donned en route to call</td>
<td>✓ Gloves</td>
</tr>
<tr>
<td>✓ Eyes</td>
<td>✓ Coat-Wash/Sanitize Hands</td>
</tr>
<tr>
<td>✓ Coat</td>
<td>✓ Eyes</td>
</tr>
<tr>
<td>✓ Gloves</td>
<td>✓ Wash/Sanitize Hands</td>
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</table>

Revision 5 dated 3/19/2020
ZM and GC
SCFD – EMS PPE RESPONSE CHECKLIST – COVID-19

EMS RESPONSE w/ MEDIUM RISK PRECAUTIONS

Medium Risk Precautions
Eye Protection
Gloves
N95 or P100
EMS Coat

Donning Sequence:
- Assumed coat is donned enroute to call
- ✓ Mask
- ✓ Eyes
- ✓ Gloves

Doffing Sequence:
- ✓ Gloves
- ✓ Coat-Wash/Sanitize Hands
- ✓ Eyes
- ✓ Mask-Wash/Sanitize Hands

Revision 5 dated 3/19/2020
ZM and GC
High Risk Precautions
Eye Protection
Gloves
N95 or P100
EMS Coat
Gown

Donning Sequence:
Assumed coat is donned enroute to call
✓ Gown
✓ Mask
✓ Eyes
✓ Gloves

Doffing Sequence:
✓ Gloves
✓ Eyes
✓ Gown-Wash/Sanitize Hands
✓ Coat
✓ Mask-Wash/Sanitize Hands

Revision 5 dated 3/19/2020
ZM and GC
SCFD – EMS PPE RESPONSE CHECKLIST – COVID-19

High Risk Precautions and Splash Protection

Eye Protection
Gloves
N95 or P100
EMS Coat
Gown

w/ Splash Protection = Add Faceshield and Booties

Donning Sequence:
Assumed coat is donned enroute to call
- Gown
- Mask
- Eyes
- Faceshield
- Gloves

Doffing Sequence:
- Gloves
- Gown – Wash/Sanitize Hands
- Coat
- Faceshield
- Eyes
- Mask – Wash/Sanitize Hands

Revision 5 dated 3/19/2020
ZM and GC
High Risk Precautions w/ No/Low Gowns – Tyvek Suit Contingency

Eye Protection
Gloves
N95 or P100
EMS Coat
Tyvek Suit

**Donning Sequence:**
Assumed coat is donned enroute to call
 ✓ Tyvek Suit
 ✓ Mask
 ✓ Eyes
 ✓ Gloves

**Doffing Sequence:**
 ✓ Gloves
 ✓ Eyes
 ✓ Tyvek Suit-Wash/Sanitize Hands
 ✓ Coat
 ✓ Mask-Wash/Sanitize Hands
CENTERS FOR DISEASE CONTROL (CDC) PPE – DON/DOFF SEQUENCE GUIDANCE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOOGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
CENTERS FOR DISEASE CONTROL (CDC) PPE – DON/DOFF SEQUENCE GUIDANCE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES
   - Outside of gloves are contaminated!
   - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN
   - Gown front and sleeves are contaminated!
   - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unfasten gown ties, taking care that sleeves don’t contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastic of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
CENTERS FOR DISEASE CONTROL (CDC) PPE – DON/DOFF SEQUENCE GUIDANCE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES
   - Gown front and sleeves and the outside of gloves are contaminated!
   - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp the gown in the front and pull away from your body so that the ties break; touching outside of gown only with gloved hands
   - While removing the gown, fold or roll the gown inside-out into a bundle
   - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
CENTERS FOR DISEASE CONTROL (CDC) PPE - GUIDANCE

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

- Goggles or disposable full-face shield
- NIOSH-approved N95 filtering facepiece respirator or higher
- Gown
- One pair of clean, nonsterile gloves
- No shoe or boot covers

For more information: www.cdc.gov/COVID19
Face Covering Guidance
John Madden <JMadden@santaclaraca.gov>
Fri 4/10/2020 2:26 PM
To: DL FD All Users <DLFDAllUsers@SantaClaraCA.gov>

2 attachments (435 KB)

Fire Personnel,

The Fire Department is issuing a procedure to comply with the CDC and State of California EMSA recommendation of first responders wearing a face covering when on and off-duty. Santa Clara County is one of the hot spots for COVID-19 community-based transmission and in an effort to comply with the recommendations AND protect our employees the department is issuing face coverings that will be used while at work. On April 7, 2020 all suppression crews had 20 dust masks dropped off at their stations to be used for employee face covering. A face covering will be used by personnel while on-duty at the station and when out in the public. Employees are strongly encouraged to follow all CDC guidelines, including face coverings when off-duty as well.

CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission.

The following guidelines shall be followed by SCFD personnel.

- Face covering shall be worn and maintain coverage of the nose/mouth area throughout the shift with the following exceptions:
  - During periods where the employee is eating (distancing of personnel maintained)
  - While in a stationary location where the employee is able to maintain distance greater than 6’ from other personnel or the public
    - These locations would be defined as an airlocked office, bedroom / sleeping cubicle, gym if alone and sign is posted “in use” or other similar spaces that can be secured by one person.
    - Does NOT include the common areas of the first station such as the kitchen, apparatus floor, dining area (when not eating), shop, dayroom, PPE storage room, etc.
  - When in public a face covering shall be worn at all times (it is important the FD is setting an example for our community)
  - Face coverings other than the provided dust masks are permitted. The department is in the process of making cloth style face coverings that will be distributed to each employee. Logistics will distribute when completed.

SCFD On- and Off-Duty Masks/Face Covering Guidance 4/10/2020
The intent of the face covering is not to protect the wearer, but rather to PREVENT the wearer from unknowingly exposing others if they are asymptomatic carriers of the virus. In neighboring agencies they have been impacted by personnel unknowingly exposing their co-workers to COVID-19 and then the illness rapidly spread through the workforce. Adherence to the face covering guidance provided by public health professionals will help reduce the likelihood of illness spreading in our department.

This direction is considered effective at 1000 on 4/11/2020 for B shift. The B shift company officer will then ensure that C shift on-coming crew members are provided a face covering on 4/13 and then C shift officers will do the same for personnel on A shift reporting on 4/15.

Attached is the First Responder Guidance from the State of California Emergency Medical Services Authority and the IAFF Reducing Potential Exposure at Fire Stations documents. These are reference materials to review with your crews, along with the guidance provided by the CDC. The department is coordinating closely with Local 1171 to keep our employees safe while working together to follow the latest CDC, State of California and IAFF recommendations.

Thank you for your compliance. There will be an additional email sent with recommendations for application of social distancing in the fire house created by Captain Buzzell & Plans Section Deputy D/E Carter along with guidelines for regularly cleaning/disinfecting smart devices.

**J.D. Madden** | Deputy Fire Chief
Operations Division
Santa Clara Fire Department
777 Benton Street | Santa Clara, CA 95050
(O) 408.618.4952 | (C) 925-628-7980
The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified all over the world including diffuse spread throughout all the states in the US. We must remain vigilant with our approach to EMS patients who may have COVID-19. On March 4th, Governor Newsom declared a state of emergency in California regarding the novel coronavirus.

EMS Providers who believe they have experienced potential exposure to CoVид19 can follow this guidance as developed by the CDC: [https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html)

Best practices for management of the COVID-19 outbreak are dynamic due to the rapidly evolving situation and changing scientific knowledge. Centers for Disease Control and Prevention (CDC) guidance for EMS providers and healthcare personnel are continuously updated. All healthcare personnel should review these recommendations regularly.

**EMS PERSONNEL MASKING RECOMMENDATIONS DURING THE COVID-19 OUTBREAK**

On April 1st, the California Department of Public Health (CDPH) offered guidance regarding the general public wearing of face coverings. On April 3, CDC recommended cloth face coverings in public settings.

EMS personnel should take the following precautions:

- Continue to wear N95 respirators (or equivalent) when likely to engage in aerosol-generating procedures OR while encountering patients with aerosol-generating symptoms (e.g., coughing, sneezing);
- Place a surgical type mask on all EMS patients at initial encounter, as tolerated;
- Wear respiratory protection for every EMS response (surgical type mask or higher level protection as indicated);
- Institute a 1-crew member "scout" procedure to determine the nature of the EMS contact and the appropriate level of crew PPE;
- Follow CDPH recommendations and guidance when on and off duty, including maintaining social distancing, frequent hand washing, and face coverings.

These interventions will help protect you as you protect our community – including asymptomatic transmission of the novel coronavirus.
First Responder
Potential Exposure
Covid19 Guidance

Return to Work Criteria for Healthcare Providers (HCP) with Confirmed or Suspected COVID-19 (with symptoms)

Exclude from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 7 days have passed since symptoms first appeared
- If HCP tested negative or was never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

When returning to work, HCP should:

- Wear a surgical type mask at all times while in the healthcare facility until 14 days after onset of symptoms
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

If these guidelines cannot be met, worker should stay off work for 14 days after onset of illness

Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above

If HCP returns to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.
COVID-19 Guidance

Surgical Masks: Reducing Potential Exposure

To help reduce the spread of COVID-19 and sustain a sufficient workforce to provide continuity of service throughout our communities, the IAFF strongly recommends that members begin wearing surgical masks at the fire station and to consider donning a surgical mask at home around family members.

In addition, due to potential transmission concerns, the IAFF urges members not to reuse the same mask worn in the station in the home environment. Given global shortages of PPE, we recommend implementing this practice as much as practicable.

Facemasks can also be used to reduce the risk of transmission. Importantly, facemasks should be worn as part of a comprehensive plan that builds and augments existing infection control practices, such as hand hygiene, disinfecting surfaces, social distancing and other recommended mitigation strategies, including self-monitoring for symptoms prior to shift, limiting or having designated personnel who respond to calls involving confirmed or suspected COVID-19 cases, and quarantining or isolating when appropriate.

Guidance Procedures for Donning Surgical Masks at the Fire Station

- For each shift, members are advised to wear a surgical mask while at the fire station and when in public for the full duration of their shift. Members may consider changing surgical masks every eight to 12 hours while on shift, if possible, based on available supplies. Also, change masks if they become damaged or soiled.
- When exiting the fire apparatus or ambulance on emergency calls, members should switch to the N95 and properly store the surgical mask until the call is over. If an emergency call does not require the use of an N95 or SC3A, the surgical mask should remain in place. NOTE: The IAFF strongly recommends members follow our position on donning N95 respirators or higher protection when assessing, treating or transporting suspected or confirmed COVID-19 patients.
- In addition to donning a surgical mask while on shift, consider practicing social distancing throughout the station, including in the dining area, kitchen, dormitory, CPAP machines, workout room, etc. Minimize potential risk as much as possible and practical.
- Members should also consider donning a surgical mask while at home and off duty. If you are not comfortable wearing a surgical mask at home, then ensure you are social distancing, exercising proper hand hygiene and disinfecting surfaces.
- Continue self-monitoring (e.g., assessing the nature and progression of any symptoms, temperature checks) both on and off duty.
- If you feel ill or have any concerns, contact your supervisor, union representative and healthcare provider, as well as refer to IAFF resources for more information. www.iaff.org/coronavirus
SCFD Firehouse Masking & Distancing – Practical Suggestions [COVID-19]

(Thank you to Capt. Troy Buzzell and the Sta. 92C crew for doing a test-run on some practical suggestions to integrate additional on-duty protective measures into their firehouse life and being willing to share them for the benefit of the department.)

The Objective: How can we embrace and practically maintain the concepts of social distancing and masking up with face coverings while continuing operational necessities of firehouse life?

Arrival & Shift Turnover: Consider delaying the turnover at your station. The concept here is giving the off-going crew time to finish up and be ready to depart promptly once they are relieved. Shift change should occur with only the minimal and most-vital crew interaction with a cross-shift counterpart occurring. In practice, the off-going crew members leave immediately when relieved, and on the oncoming crew fills their riding positions. The off-going crew does not eat at the station, linger, or have any crew-based dialogue cross-shift that is not vital to operational need or crew safety. Oncoming shift members should muster and enter the app bay as a group when reporting for health screening instead of arriving individually and making staggered relief.

This turnover arrangement also gives added time to clean/disinfect your Sundstrom mask if not completed the night before, or you bust an emergent early-morning call just prior to shift change.

Company Officers: Consider emailing your oncoming counterpart a summary of critical calls, mission critical operational- or safety-related changes, or other pertinent shift change items. This can be written the evening before shift turnover. This allows your counterpart to either check on their email remotely prior to arrival or review it immediately after turnover. This will save time and limit exposure during crew exchange. Still have a brief verbal turnover to include any new items from overnight and early morning, but you just might be able to expedite the verbal turnover by having included your significant items in the email to your cross-shift counterpart.

This method should be considered by other riding positions as well (Engineers, Tailboards).

Around the station: Follow the agency policy of wearing a cloth mask or other approved mask to the maximum extent practical. Pay special attention to times when there is increased close traffic or interaction among crew members (ex. Cleaning the quarters, washing the rig, station tasks, riding on the apparatus and whenever working in close areas).

Maintain the 6-foot distance with other personnel whenever practical and make every effort to give your crew members their space in non-emergent, non-emergency situations.

Understand cell phones, tablets, and other similar personal electronic devices are some of the “dirtiest” things we touch frequently throughout our day. Washing your hands multiple times a day doesn’t help if you never decon your cell phone. Attempt to do this 2-3 times per day if possible (see distributed cleaning guidelines).

Touching your face is thought be one of the main ways the SARS-CoV-2 coronavirus that causes COVID-19 gets from surfaces, onto your hands, and into your body. Washing your hands is key, but if you also make a conscious effort to limit touching your face you quickly realize that we have all become accustomed to bad habits that spread germs more than we realize.

Firehouse Meals: Instead of using the traditional team-based approach to meal preparation, consider having one person take the lead. This person must follow safe food handling practices.
Gathering to share a meal is and always will be an important staple in firehouse work and in fire service life. Now, more than ever, we need to cherish the gift of camaraderie this job gives us and embrace our shared struggle to successfully overcome some extremely adverse times. Simply try to make use of the complete space you are given both as an individual and as a crew. For example, spread out across the entire table, handle only your own plate/utensils, frequently decon high-touch surfaces, exercise best practice when handling condiments, and minimize other items passed from person to person.

**Physical Fitness:** Smaller crews should consider working out individually, and larger crews should limit working out together in small areas. Get outdoors, spread out, and consider using this time to modify your workouts into something creative. Body weight workouts, sandbag routines, yoga, etc. Decon your gym and workout equipment before and after use. Consider hitting the gym floor with a mop along with your end-of-shift clean up. Remember that respiratory droplets are the other important transmission mechanism with SARS-CoV-2, and during exercise your respiratory rate and volume increase. Wearing a mask or gaiter covering your face during physical fitness may not be practical. Physical distance may be your first and best tool to protect yourself and your team as you maintain your wellness.

**Cloth Face Coverings & Masks:** Right now, there seems to be a bit of leeway into the masks we are going to wear on-duty at the station. Plain and simple: No mask will protect you if you don’t wear it at all. Realize the intent is not protecting yourself from others but protecting THEM from YOU if you are asymptomatically shedding the virus. Having an option for a homemade mask, neck gaiter, or other cloth mask makes it so everyone can find an option that works for them. A neck gaiter is easy to don and store around your neck when not in use. Finding a solution that you readily embrace will be better for all of us in the long run. Neck gaiters are being used right now in the U.S. armed forces and police departments as a solution for those wanting some sort of protection to comfortably wear for hours at a time. We are seeing rashes and skin conditions exacerbated in the hospital setting by those wearing manufactured medical grade masks for long periods of time.

Physical safety and career safety note on masks/face coverings: Remember that some of these cloth masks and neck gaiters may be made of synthetic material that will not stand up to emergency conditions (ex. May melt during exposure to high heat). Further, just like tattoos in the workplace, make sure that your chosen mask or cloth will not be offensive to any group or espouse ideas that are inconsistent with the professional image of the fire service. When in doubt, fail conservative. People are always watching us on- or off-duty, and we will be acting as role models to the community in masking up to protect others.

Many of you already have or will come up with creative ideas for distancing and masking at work while maintaining a firehouse environment that is effective, positive, and upbeat. Please share your ideas and suggestions through your normal shift chain-of-command so they can be routed to the command and planning staff for review and implementation.

Stay safe, stay positive, take care of each other on-duty, and go home to your family healthy. We **WILL** get through this crazy time **TOGETHER**, and we will be **STRONGER** for it.
Suggestions for Cleaning and Disinfecting Personal Electronic Devices

GOOD PORTABLE ELECTRONICS HYGIENE (SMART PHONES, TABLETS, E-READERS):

To minimize your exposure to illness while using a smart phone, tablet, or e-reader consider these device hygiene tips:

- **Be mindful of where you set your device down.** Restrooms, airplane trays, hospital check-in counters, and other public spaces are common areas where your device can pick up germs.

- **Disinfect your device frequently.** Use disinfecting wipes or alcohol swabs. If you use a case be sure to clean both the device and the case separately.

- **Keep your hands clean.** While handwashing sounds pretty simple, keeping them clean doesn’t last very long. Think about the number of door handles or surfaces you touch from the moment you wash your hands to the moment you pick up your device, or the number of surfaces or objects you touch in between handling your device (i.e., grocery cart, money, check-out or ATM keypads, gas pump dispenser, etc.) the cleaner your hands are, the less likely for germs to attach to your device. Carry disinfectant wipes or hand sanitizer.

- **Keep your device away from the dining table.** Not only will you avoid contaminating your food, but you’ll also avoid picking up food residue that can contribute to bacterial growth. High temperature and humidity generated by electronic devices support germination and biofilm on the surface of your device.

- **Keep your device to yourself.** Remember, this is a gadget you potentially hold next to your face, eyes, and mouth in some cases – which are the most common infection gateways. If you do pass your device around, or let someone else handle it, remember to clean it.

- **Clean your wireless charging pad and device holders.** These are also gadgets that come in frequent contact with your devices, and easy to overlook as germ hosts. Don’t forget to disinfect other surfaces like your desk, keyboard, and mouse.

Additional information and resources for keeping your personal devices clean during COVID-19:

- [https://www.healthline.com/health-news/how-to-clean-your-phone-during-outbreak](https://www.healthline.com/health-news/how-to-clean-your-phone-during-outbreak)


- [https://www.pcmag.com/how-to/how-to-spring-clean-your-electronics](https://www.pcmag.com/how-to/how-to-spring-clean-your-electronics)
Appendix 7.0 – Federal Medical Station (FMS)/‘Field Respite Center’ (FRC)
City of Santa Clara

Memorandum

Date: March 30, 2020
To: Fire Department Personnel
From: J.D. Madden, Deputy Fire Chief
Subject: Federal Medical Station Pandemic Response Unit

Purpose: To ensure the Santa Clara Fire Department provides the highest level of patient care while minimizing the risk of COVID-19 contact and/or exposure to suppression personnel.

Scope: Applies to all suppression personnel

Background: On March 31, 2020 the Santa Clara Convention Center will officially begin operating as a Federal Medical Station (FMS) with the capacity to have up-to 250 COVID-19 patients. The Santa Clara Fire Department (SCFD) will be placing a specialized Pandemic Response Unit in-service at Fire Station 6. Engine 690 will be staffed with two personnel (minimum one paramedic) and responsible for all emergency response to 5001 Great America Parkway. Engine 690 will not respond to any other emergency calls in the 9-1-1 system.

Pandemic Response Unit Details

Pandemic Response Unit
Engine 690 (Type VI) will be staffed with two personnel, minimum one paramedic at Station 6. The apparatus will be fully equipped with firefighting PPE, ALS equipment and specialized PPE specific for response to COVID-19 responses.

Staffing
E690 will be staffed with two personnel one of which must be a paramedic. The personnel will be assigned by the shift Battalion Chief. The voluntary overtime list will be utilized to fill the staffing needs if available staffing is not available by on-duty personnel. Daily target staffing will be 38 if the department is not operating in contingency staffing mode.

Dispatch
Communications has programmed CAD to identify the Santa Clara Convention Center as a special response location. E690 and the closest BC (AVL location) will be dispatched to 9-1-1 calls that are generated at 5001 Great America Parkway. This will include all EMS responses and fire alarms. E690 will supplement a full-structure response should one be necessary. If E690 is already committed to another emergency E90 will be dispatched.

Facility Details
The FMS will serve less-acute COVID-19 cases (patients not requiring ventilators) and provide increased capacity for our healthcare system. The FMS, managed by the United States Office of Public Health Preparedness and Response, is currently set to open on March 31st and will include beds, supplies, and
Federal Medical Station Pandemic Response Unit
March 30, 2020
Page 2

medicines for up to 250 individuals. The facility will be operated by Team Rubicon. Team Rubicon is a
disaster response organization that serves communities by mobilizing veterans, first responders &
medical professionals to work alongside local agencies and governments that are overwhelmed.

Access for EMS response will be to the rear of Exhibit Hall B. More specific details will be released by the
COVID-19 Operations Section Chief.

More information on federal medical hospitals can be found at:

Incident Command
Team Rubicon will have an on-site Incident Commander and will be operating under an ICS organization
with IAP’s. B92 and E690 should develop working relationships with the appropriate staff from Team
Rubicon.

For emergency response the responding Chief Officer will arrive on scene and establish communication
with E690. Their primary role is to be a decision-maker and liaison with on-site staff. They shall
respond to the rear of the facility behind exhibit hall B. They should remain exterior and in a command
role not engaged in patient care.

PPE / Decontamination
The level of PPE used by SCFD responders for this facility will be increased and special decontamination
procedures will be coming out from the Operations Section for all personnel to review.
City of Santa Clara Fire Department

SCPD Memo – ‘Temporary Medical Facility at the Santa Clara Convention Center’
dated 3/30/2020

Memorandum

Date: March 30, 2020

To: All personnel

From: Capt. T. Cummins

Subject: Temporary Medical Facility at the Santa Clara Convention Center

California OES and Santa Clara County OES have set up a temporary medical facility at the Santa Clara Convention Center. The facility is for surge capacity to offset 10 local hospitals. The facility will have a 250 bed capacity in the Convention Center exhibition halls. The medical facility opens Tuesday March 31st. The patients will be homeless and non-homeless patients who have tested positive for COVID-19 but are low acuity (Not requiring intensive care).

Private security will be working inside the temporary medical facility. A single Santa Clara County Deputy Sheriff will cover the exterior of the facility 24/7.

See the attached map provided by CAL OES.
PANDEMIC UNIT RESPONSE TO FIELD RESPITE CENTER

Safety Glasses
Faceshield
Gloves x2
P100 Respirator
Tyvek Suit
Booties

Pandemic Unit Response to the Field Respite Center

Donning Sequence:
✓ 1st pair gloves
✓ Tyvek Suit
✓ Booties
✓ P100 Respirator
✓ Safety Glasses
✓ Faceshield
✓ 2nd pair gloves

Doffing Sequence:
✓ 1st pair gloves
✓ Faceshield
✓ Safety Glasses
✓ Booties
✓ Tyvek Suit
✓ P100 Respirator
✓ 2nd pair gloves

SCFD Pandemic Response Unit Enhanced PPE Guidance Doc_dated 4/6/2020
DECON PLAN

Field Respite Center (FRC) Response

- PPE shall be doffed following guidelines set forth in the EMS Response Guide
- Wash hands or use alcohol-based sanitizer immediately after removing all PPE
- Disposable PPE shall be placed in garbage bag and left at facility (FMS or Hospital)
- Sundstrom respirator (if used) placed in non-resealable bag for later disinfection
- Disinfect safety glasses and face shield
- Disinfect ALL equipment that entered the FMS or transporting ambulance
- If E690 is contaminated, contact Station 9 for further direction

If you have any questions or concerns, contact your immediate supervisor for guidance

Rev. 4-1-20
FMS/FRC Pre-Plan Map, dated 4/4/2020
FMS/FRC HAZMAT Storage Map, dated 4/2/2020
Appendix 8.0 – Pandemic Resiliency Resources for Responders
SCFD Peer Support Team Message, dated 25 March 2020

Peer Support Message for SCFD
March 25, 2020

Fire Department Family,

On behalf of the Peer Support Team, we are forwarding on some articles and resources which are all meant to give you, and your family, some mental, emotional, and physical self-care options that are especially important during the current COVID-19 health emergency. Please feel free to forward to any family members with whom you would like to share this information.

As professional first responders, we are used to responding to a variety of emergencies which we have no control over the origin. In other words, we can’t control how the fire started, the cardiac arrest, trauma or other medical emergency came to be. We do however have control over the manner-in-which we respond to these emergencies. And the same goes for our response to COVID-19.

We are diligently responding to emergencies with the appropriately tiered PPE and are taking measures to decontaminate ourselves, our gear and our stations. We can also take control of the ways we handle our mental, emotional and physical health at this time!

Our bodies are not meant to sustain high levels of stress for prolonged periods of time and remain healthy. Sustained mental stress and anxiety stimulate the sympathetic nervous system which releases stress hormones which weaken the immune system. On the flip side, creating downtime to disconnect from the news, relax, move your body, spend time with loved ones or out in nature helps stimulate the parasympathetic nervous system which supplies serotonin, oxytocin and dopamine to the body and boosts the immune system. Therefore, it is in the best interest of ourselves, our loved ones, our co-workers and the community we serve to make our own self-care a priority.

Mental health experts agree that a balanced approach to mental, emotional and physical health is what will keep us healthy. Mental health experts suggest a myriad of other approaches to help during the COVID-19 health crisis, including: taking a break from COVID-19 media coverage, moving your body, regular exercise, deep breathing, plenty of sleep, eating healthy, acknowledging your feelings, connecting with others, getting out in nature.

Please see the Attachment in this email where you will find a variety of resources for you and your family on the following topics regarding the current situation with COVID-19:

- Resiliency Tips
- Educational/Learning Resources for Children
- Communication/Staying Socially Connected
- Relaxing/Outlet
- Uplifting Reads
• Corona Virus Support from IAFF
  • Firestrong website

Thank you all for serving on the front lines during this time. Your commitment to serve, stay safe, and keep your sense of humor makes us all feel supported and grateful to have each other to get through this with.

A special thank you to Bev Molina for all her work on putting together these resources and to Nick Restani, Jillian deBar, Jenn Panko and Gall Carter for their contributions to the many resources listed.

The Peer Support Team members are available for help. For access to the team, please either call a Peer Support Team member directly (click for List of Team Members) or call the Peer Support Helpline: 408-615-4911 or email: peersupport@santaclaraca.gov

Please continue to consider using the counseling benefits we are provided with and that are listed in the COUNSELOR ACCESS folder in the PEER SUPPORT folder on the I-drive. Also please remember that the department is a participant on the Firestrong.org website. There are many resources there as well (Login: SCFD, Password: Support).

Thank you and take care of each other!
Your Peer Support Team
Resilience During the Pandemic

Nick Arnett & Janet Childs
Bay Area Critical Incident Stress Management Team
Santa Clara, California

Fear, worry, and anxiety are natural responses to threats, especially when reliable information is scarce, and uncertainty is high. If you are finding it hard to believe that current events are really happening, like you are living in a movie, know that you are not alone. Nearly everyone, even medical disaster professionals, are feeling that way some of the time—"Is this really happening?"

- **Choose your information sources.** Information is helpful, but don’t listen to everyone. Rumors will continue, which can add to your worries as you wonder what to believe. Decide which sources you are going to trust. Although the Internet spreads rumors and gossip, it also allows you to connect directly with sources of authoritative information. Turning off or ignoring unreliable sources may be difficult because it is normal to hunger for information when stressed, but it is a smart strategy, especially with children, who especially need calm facts.

- **Changing habits is hard; start small and start over.** As we adapt to a new normal, aspects of our lives have changed dramatically, calling us to do our work, shopping, socializing and other activities differently. Changing habits is simple, but not easy. Rather than telling yourself or other people “You should...,” convert the idea into something positive. For example, “I am choosing to do X so that I feel more energy, stay healthy and help my neighbors.” Be gentle with yourself. Recognize that all change is stressful, but not necessarily bad for you.

- **Like the stress of safe weightlifting becomes strength when combined with rest and protein, all kinds of stress can contribute to your strength** when you also get the physical, social, and spiritual care and nourishment you need, as described below. Your “fight or flight” reactions, combined with recovery responses, turns stress into strength.

- **You are having a normal reaction if the stress of this pandemic is aggravating or triggering past trauma.** Everyone carries a “backpack” of trauma; sudden, big changes and uncertainty can cause you to notice and feel the weight of old injuries much more than before the world changed. People are likely to become grumpier and more irritable as the pandemic continues. Be patient with yourself and others. Take breaks; taking a moment for a deep breath is powerful. Unpack your stress backpack by talking about how you are reacting to the pandemic with someone supportive, who will keep your conversation confidential. Be that safe person for others to talk to. Writing in a journal can also help.
To help get through this difficult time, take actions that re-connect you physically, socially, and spiritually:

1. **Physical strength and resilience** come from your connections to the material world, including your body – rest, sleep, diet, exercise, finances, and possessions. We are facing much uncertainty about our physical well-being – especially health and income. Along with great attention to hygiene, this is a time to eat as well as you can, exercise regularly, and get enough sleep. Don’t try to make big changes all at once; small ones while giving yourself permission to start over, as many times as you need, is the best way to develop long-lasting resilience routines. Deep breathing, progressive muscle relaxation, yoga, Pilates, Tai Chi and other physical self-awareness and relaxation techniques are shortcuts to trigger your physical “rest and digest” recovery reactions, which let your brain and body recover, rebuild, and grow.

2. **Mental strength and resilience** come from your connections to people – family, friends, mentors, coaches, students, and the rest of your social network, especially those you see in person. Although “social distancing” is adding challenges, working from home may bring you closer to family. Walking for exercise creates opportunities to get to know neighbors, even when you limit yourself to a hygienic distance. Sharing meals, playing games and other group activities help. Be inspired by videos of people in Italy singing together! Simply being “real” with others about how worrisome or frightening the pandemic is will go a long way toward calming everyone’s reactions. We are wired to be reassured by knowing that we’re not the only ones. Pets, especially dogs and horses, can also be quite comforting. To support others, be more like them – just be present, acknowledging emotions without trying to fix or change reactions. Social connection triggers your social “tend and befriend” recovery response, helping you know you aren’t alone. Caring creates resilience.

3. **Spiritual strength and resilience** come from having a strong sense of meaning and purpose – knowing, living, and sharing values that surpass self-interest. Your beliefs change the way you interpret your life; they are a source of comfort and give you a sense of greater control. Take time to consider your priorities and why you choose them. Have as much compassion for yourself as you probably do for others – we are often much harder on ourselves. Spiritual connection triggers your “pause and plan” recovery response, helping you see the bigger picture and choose when to avoid black-and-white, stress-driven thinking.

**Gratitude and generosity** are rocket fuel for strength and resilience. The “autopilot” in your brain that reacts to threats isn’t logical; it “learns” about danger and safety through experiences. You can help deactivate your autopilot by doing things that show it that you have
what you need. Show it there’s no need for despair by finding things to be grateful for. Generosity shows your autopilot that you have enough for yourself and others.

Resilient people are often described as “realistic optimists.” Realism means accepting what’s going on rather than denying its seriousness. Optimism means holding onto hope, even when the going is tough. Staying connected, physically, socially, and spiritually, with generosity and gratitude will help quiet your brain’s automatic stress response, while activating the equally powerful recovery responses that bring healing and growth.

**FREE TO REPRODUCE WITHOUT CHANGES.**
SCFD Peer Support Suggested Resources for You and Your Family during COVID-19

Resiliency Articles

- COVID-19 and Responder Mental Health
- Psychological Aspects of the Coronavirus
- Public Safety Resilience During a Pandemic

Educational/Learning Resources for Kids

- List of educational resources
- Audible now offering free audiobooks for kids
- Live from Orchestra Hall, watch symphonies for free
- Over 30 virtual field trips!
- Several free courses in multiple subjects some with certifications available
- Classroom Magazines
- Teaching Tools
- Coursera

Communication/ Staying Socially Connected

- Play free video games with others with video, audio, and chat options
- Play Variety of games with multiple friends with video and audio sharing while playing:
- Screen sharing and video/audio chat options. Browse web, watch videos, shop together by sharing same screens and being able to see one another:
- Mobile app that allows video calls with built-in games to play with up to 8 people
- Variety of different classes, lectures, courses including dance, educational, music, yoga, money, etc taught virtually

Relaxing/Outlet

- 33 National Park tours you can take from the comfort of your own home
- Monterey Bay Aquarium, Live Feed to All Exhibits
- 5 Gardens you can virtually tour
- Several Yoga Classes including 30-Day Class
• Very Easy Guitar Lessons for absolute beginning
• Website and App for hiking trail/tracker/details (ie length, level, elevation, terrain, etc)
• Relaxation and self-care

**Uplifting Reads**

• Pandemic Poems
• Mindshift During a Pandemic
• And the People Stayed Home
• Coronavirus Lockdown

**Corona Virus Support from the IAFF**

• COVID-19 Behavioral Health Considerations
• Managing Coronavirus Anxiety
• What to Expect During Quarantine
• Helping Your Family Cope With COVID-19
• IAFF Website Coronavirus Resources

**FireStrong Website**

• Firestrong.org Login: scfd  Password: support

Thank you for your work on the frontlines to support your sisters and brothers during this difficult time.