INCIDENT ACTION PLAN

SJS COVID-19

6 Day Plan A/B/C-SHIFT

F-200589501

OPERATIONAL PERIOD

4/22/2020  0800

to

4/28/2020  0800
# INCIDENT OBJECTIVES (ICS 202)

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Operational Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJS COVID-19</td>
<td>Date From: 4/22/2020</td>
</tr>
<tr>
<td></td>
<td>Date To: 4/28/2020</td>
</tr>
<tr>
<td></td>
<td>Time From: 0800</td>
</tr>
<tr>
<td></td>
<td>Time To: 0800</td>
</tr>
</tbody>
</table>

### 3. Objective(s):

**Management Objectives**
- Provide for the safety of emergency personnel, civilian employees, and the public at all times.
- Ensure that all department resources monitor impacts and maintain operational readiness at all times.
- Ensure coordinated, timely and accurate release of information to all fire department members.
- Maintain communications/coordination with the City EOC while fostering and maintaining relationships with all cooperators and stakeholders.
- Identify and supply all department logistical needs, including availability of EMS Personal Protective Equipment (PPE).
- Maintain fiscal accountability and keep costs commensurate with values at risk.

**Control Objectives**
- Identify, monitor and provide support as needed for all potentially exposed and ill FD personnel.
- Monitor and conform to CDC and County Health guidelines as well as all Interim County Public Health guidance.
- Maintain Fire Communications and Field Operations response capabilities while conforming to current dispatch protocols.
- Respond to EMS responses utilizing up-to-date interim response/patient contact protocols.

**General Situational Awareness:**
- Follow all Department directives related to COVID-19.
- All personnel shall monitor personal health.
- Monitor CDC and County Public Health guidance.

### 5. Site Safety Plan Required?
- Yes ☐
- No ☒

**Approved Site Safety Plan(s) Located at:**

### 6. Incident Action Plan

- [ ] ICS 202
- [ ] ICS 208
- [ ] ICS 203
- [ ] ICS 215 A
- [ ] Algorithms (x5)
- [ ] ICS 204
- [ ] Weather
- [ ] Public Information
- [ ] COVID by the numbers
- [ ] SCC #700-S14
- [ ] Return to Work
- [ ] 2-1-1/ Project Baseline
- [ ] Logistics
- [ ] C & G Contact List
- [ ] QR Codes
- [ ] Target Hazard Job Aids
- [ ] Contingencies (x8)
- [ ] ICS 214

### 7. Prepared By:

- Arlen Summers / Robert Herrera

**Position/Title:** PSC

**Signature:**

### 8. Approved by DOC Director:

- Joseph Crivello / Robert Culbertson

**Signature:**
## ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. **Incident Name:** SJS COVID-19  
2. **Operational Period:**  
   **Date From:** 4/22/2020  
   **Date To:** 4/28/2020  
   **Time From:** 0800  
   **Time To:** 0800

3. **Incident Commander(s) and Command Staff:**  
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contingency Ops</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOC Director</td>
<td>Joseph Grivello / Robert Culberton</td>
<td></td>
</tr>
<tr>
<td>Deputy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Officer</td>
<td>Darren Wallace (40hr)</td>
<td></td>
</tr>
<tr>
<td>Information Manager</td>
<td>Erica Ray (40hr)</td>
<td></td>
</tr>
<tr>
<td>Liaison Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Agency/Organization Representatives:**  
<table>
<thead>
<tr>
<th>Agency/Organization</th>
<th>Name</th>
<th>Division/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOC AREP</td>
<td>Reginald Williams</td>
<td>Division/Group</td>
</tr>
<tr>
<td>BFP Liaison</td>
<td>Glen Thompson (SJS-BFP) (40hr)</td>
<td>Division/Group</td>
</tr>
<tr>
<td>IT Liaison</td>
<td>Jon Lewis (SJS-BAS) (40hr)</td>
<td>Division/Group</td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **Planning Section:**  
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Division/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief</td>
<td>Arlen Summers / Robert Herrera</td>
<td>Division/Group</td>
</tr>
<tr>
<td>Deputy</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>DOCL / RESL</td>
<td>T. Thierry / B. Broida / D. Souza</td>
<td>Division/Group</td>
</tr>
<tr>
<td>Situation Unit</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOCL / SCKN</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>Demobilization Unit</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>GISS</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>FBAN</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>IMET</td>
<td></td>
<td>Division/Group</td>
</tr>
<tr>
<td>Training Tech Spec</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THSP</td>
<td></td>
<td></td>
</tr>
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</table>

6. **Logistics Section:**  
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Division/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief</td>
<td>Josiah Staley / Dave Ennes</td>
<td></td>
</tr>
<tr>
<td>Supply</td>
<td>Zach Justason / Jacob Rhodes</td>
<td></td>
</tr>
<tr>
<td>MEDL</td>
<td>J. Allread / B. Cloutier / K. Woeste</td>
<td>Division/Group</td>
</tr>
<tr>
<td>Procurement/Cost Unit</td>
<td>Eva Lee</td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>Claudia Villagomez</td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td>Mariela Figueroa</td>
<td></td>
</tr>
<tr>
<td>TeleStaff</td>
<td>Alyssa Villanueva</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td>Randy Sommers (40hr)</td>
<td></td>
</tr>
<tr>
<td>Communications Unit</td>
<td>SJFD Comms</td>
<td></td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Operation Section:**  
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Division/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>Michael Van Elgort / Hector Estrada</td>
<td>Division/Group</td>
</tr>
<tr>
<td>Contingency Ops</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECO</td>
<td>Med 30</td>
<td></td>
</tr>
<tr>
<td>THSP</td>
<td>Jason Krassow (40hr)</td>
<td></td>
</tr>
<tr>
<td>Branch</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **Finance/Administration Section:**  
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Division/Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief</td>
<td>Athena Trede / Ryan Dulin</td>
<td></td>
</tr>
<tr>
<td>Comp Claim</td>
<td>Roger Hurtado</td>
<td></td>
</tr>
<tr>
<td>Procurement/Cost Unit</td>
<td>Eva Lee</td>
<td></td>
</tr>
<tr>
<td>TeleStaff</td>
<td>Alyssa Villanueva</td>
<td></td>
</tr>
<tr>
<td>Facilities</td>
<td>Randy Sommers (40hr)</td>
<td></td>
</tr>
</tbody>
</table>

**Prepared By:** Name: Robert Herrera  
**Position/Title:** PSC  
**Signature:**  
**Date/Time:** 4/21/2020 1900 hours
ASSIGNMENT LIST (ICS 204)

1. Incident Name: SJS COVID-19
   2. Operational Period: Date From: 04/22/20    Date To: 04/28/20
      Time From: 0800    Time To: 0800

3. Branch: Response
   Division: Page 1 of 1

4. Operations Personnel:
   Operations Section Chief: Michael Van Elgort / Hector Estrada
   Deputy Ops: Contingency
   Division/Group Supervisor: Battalion Chiefs
   Air Attack: Contingency

5. Resources Assigned:
   **Resources Below in Bold are 12 Hour**

<table>
<thead>
<tr>
<th>Resource Identifier</th>
<th>ALS</th>
<th>LWD</th>
<th>Leader</th>
<th>Personnel</th>
<th>Request #</th>
<th>Hours</th>
<th>Reporting Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battalion 1</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>Battalion 2</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>Battalion 5</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>Battalion 10</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>Battalion 13</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>MED 30</td>
<td>y</td>
<td></td>
<td>See TeleStaff</td>
<td>1</td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
<tr>
<td>SJ FIRE Communications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0800-0800</td>
<td></td>
</tr>
</tbody>
</table>

6. Work Assignments:
Order resources as needed through Fire Communications. Follow all department and XSC operational response procedures.
Maintain Operational Readiness at all times and monitor system status needs.

7. Special Instructions:
   COVID-19 DECO/DICO phones staffed each day by MEDL (see algorithms)
   Other DOC overhead personnel will not be staffed for April 23rd and 25th. Operational concerns continue to go through Duty Chief.

   Due to improvements in COVID-19 testing procedures and timelines, please ensure prompt completion of Patient Care Reports (PCR) so that crews may be quickly identified in cases of COVID-19 positive patients.

   Wear an N95 mask or higher while in public places.

Company Stores remains CLOSED. See Logistics page for logistical support.

Follow COVID-19 related algorithms.

Target Hazards QR Code

GATEWAY HALL SHELTER- 26's first due
KELLY PARK SHELTER- 3's first due
SOUTH HALL SHELTER- 30's first due
PARKSIDE HALL SHELTER- 30's first due
CAMDEN COMMUNITY CENTER- 9's first due

8. Communications
   Name: Tre Thierry
   Function: DOCL / RESL
   Rx Freq: 
   Rx Tone: 
   Tx Freq: 
   Tx Tone: 
   Notes: 

9. Prepared by: Name: 
   Date/Time: 4/21/2020 1830
   Personnel Count: 6
SAFETY MESSAGE

★ Assume you and anyone you come in contact with are COVID-19 positive.

1. Follow Emergency Response COVID-19 SOPs
★ Limit the number of personnel in close proximity to patients and practice "One-In" when possible.
★ Place surgical mask on patient.
★ Personnel within 6' of symptomatic patients shall wear gloves, N95 or higher mask, eye protection, and gown.
★ Request family or bystanders maintain social distancing and consider requesting that they don masks.
★ Wear sealed goggles when performing high-risk airway procedures including intubation, nebulizing medication, and CPAP use.

2. Conduct Medical Screenings
New
★ Every work site will designate a single specific location where medical screenings will occur as close as possible to the main employee entrance. Thermometers and medical screening logs should not be moved from the identified medical screening location. Fire Stations will log results as specified in Safety Alert #20-017 and all other work sites will document results in a manner determined by supervisors.
★ Screen for COVID-19 symptoms (fever, cough, shortness of breath, sore throat) at the beginning of each shift (both days of a 48 hour tour) and throughout shift.
★ Any visitors to any work site must undergo medical screening (i.e. SJPD officers, PW workers, vendors).
★ If personnel develop COVID-19 symptoms during the shift, contact Med30 / DECO for direction.

3. Practice Good Personal Hygiene
★ Wash hands frequently for at least 20 seconds with warm water and soap.
★ Avoid touching your face, eyes, mouth, or nose.

4. Follow Social Distancing Guidelines in Public Places
★ Maintain 6' social distancing whenever possible.
★ Minimize personnel in crowded public places (i.e. grocery stores) and wear N95 or higher masks.

5. Sanitize Surfaces Frequently
★ Disinfect high-touch areas in work sites and vehicles at the beginning and throughout work shifts using Department and IAP-specific decontamination procedures.
★ Apply Clean Living standards in fire stations.

ICS 215A

COVID-19 related Safety Alerts, Information, and videos can be accessed through the QR code.

ICS 208 Safety Message

Date/Time: 4/21/2020 14:00
## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>2. Incident Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SJS COVID-19</td>
<td>F-200589501</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 4/21/20</td>
<td>Time From: 0800</td>
<td>Time To: 0800</td>
</tr>
<tr>
<td>Time: 10:00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Response</td>
<td>Exposure of personnel to aerosolized</td>
<td>Follow Department and IAP-specific SOPs regarding ordering, donning/doffing, and decontaminating PPE.</td>
</tr>
<tr>
<td>Personnel</td>
<td>droplets from infected patients during emergency responses</td>
<td></td>
</tr>
<tr>
<td>Emergency Response</td>
<td>COVID-19 exposure reporting</td>
<td>Local 230 members will record possible exposures at <a href="http://www.peronline.com">www.peronline.com</a></td>
</tr>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Personnel</td>
<td>Spread of COVID-19 virus from employee to employee</td>
<td>Medical monitoring to be completed by personnel at beginning of each shift. Maintain social distancing with all personnel. Notify supervisor if COVID-19 symptoms develop during shift. Continue to maintain clean living and work areas. Avoid bringing potentially soiled or contaminated garments into living or work areas.</td>
</tr>
<tr>
<td>All Personnel</td>
<td>Mental health</td>
<td>Contact the Employee Assistance Program (EAP) at (888) 800-0059 or visit <a href="http://www.members.mhn.com">www.members.mhn.com</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>EAP</strong> website access codes: <strong>Sworn (Includes Dispatchers): sanjosesworn</strong> <strong>Non-Sworn web access: sanjosenonsworn</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The SJFD Behavioral Health Team is a resource that can help with peer-to-peer support, station diffusing. Contact Dan Williams (925) 549-2278 for assistance.</td>
</tr>
<tr>
<td>All Work Locations</td>
<td>Exposure to COVID-19 from the community</td>
<td>Restrict public access to work locations and require anyone entering work site to undergo medical monitoring. Limit interactions with the public, avoid public areas, maintain 6-foot social distancing. Wear N95 or higher masks in public areas.</td>
</tr>
<tr>
<td>All Work Locations</td>
<td>Exposure to COVID-19 on high-touch areas of work locations</td>
<td>Use Department issued sanitizing products to clean high-touch areas frequently.</td>
</tr>
</tbody>
</table>

8. Prepared by (Safety Officer): Name: **Darren Wallace** Signature: [Signature]

Prepared by (DOC Director): Name: **Joseph Crivello** Signature: [Signature]
ON-DUTY EXPOSURE ALGORITHM

WERE YOU SUBJECT TO AN EXPOSURE OF ANY KIND ON A CALL?

WEARING APPROPRIATE PPE?

YES

NO EXPOSURE

NO

CONTACT MED 30
@ (408) 930-5530
COMPLETE ONLINE PERS EXPOSURE

COVID-19 RELATED?

YES

CALL COVID-19 DECO
@ (408) 930-5531

For further detailed information see the CDC page: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
DEVELOP SYMPTOMS

IF YOU DEVELOP SYMPTOMS (Fever, Cough, SOB, or other COVID-19 related symptoms per CDC)

AT HOME
- ISOLATE SELF/ APPLY MASK
- NOTIFY PERSONAL PHYSICIAN AND FOLLOW THEIR RECOMMENDED ISOLATION GUIDELINES
- NOTIFY ON-DUTY SUPERVISOR
- NOTIFY MED 30 @(408) 930-5530
- NOTIFY COVID DECO @(408) 930-5531 IF NEEDED

AT WORK
- ISOLATE SELF/ APPLY MASK
- NOTIFY SUPERVISOR
- NOTIFY MED 30 @ (408) 930-5530
- NOTIFY COVID DECO @ (408) 930-5531 IF NEEDED

For further detailed information see the CDC page: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
STATION AND APPARATUS DECONTAMINATION PROCEDURES

WHEN DIRECTED NOTIFY BC
PLACE STATION OUT OF SERVICE
QUESTIONS?: CALL MED30 @ (408) 930-5530

DON APPROPRIATE PPE
(GOWNS, GLOVES, MASK, GLASSES)

CLEAN AND DISINFECT HIGH TOUCH SURFACES INCLUDING PERSONAL LIVING AREAS

CLEAN AND DISINFECT EQUIPMENT USED

UTILIZE APPROPRIATE CLEANING/DISINFECTING SOLUTION

UPON COMPLETION NOTIFY BC AND RETURN TO SERVICE

CDC DEFINITIONS
CLEANING: Refers to removal of germs, dirt and impurities from surfaces. Cleaning does not kill germs, but by removing them it lowers their numbers and the risk of spreading infection.

DISINFECTING: Refers to the using of chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

For further detailed information see the CDC page: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html
Return to Work

OFF DUTY DUE TO EXPOSURE ASSOCIATED WITH COVID-19
(SEE CURRENT CDC AND SCCPH GUIDELINES)

EXPERIENCING SYMPTOMS?

YES

COMPLETE SELF-ISOLATION (14 DAYS SINCE SYMPTOMS BEGAN & 7 CONSECUTIVE DAYS NO SYMPTOMS)

WANTING TO RETURN BEFORE 14/7 DAY WINDOW PERIOD?

BE ASYMPTOMATIC & OBTAIN A MD NOTE WITH ALTERNATIVE DIAGNOSIS OR BE ASYMPTOMATIC & HAVE 2 NEG COVID-19 TESTS >24 HOURS APART

RETURN TO WORK PENDING APPROVAL FROM ALL OF THE FOLLOWING:
1. DICO (NOTIFIES STAFFING) 2. DUTY CHIEF 3. WORKERS COMP LIAISON (IF WC CLAIM FILED)

NO

*EXAMPLE: A HIGH RISK EXPOSURE SUCH AS AN ALS AIRWAY INTERVENTION WITHOUT APPROPRIATE PPE (TBD BY DEPT, DECO)

14 DAYS SINCE EXPOSURE & 7 CONSECUTIVE DAYS NO SYMPTOMS

WANTING TO RETURN BEFORE 14/7 DAY WINDOW PERIOD?

IF AVAILABLE: OBTAIN ONE NEGATIVE COVID-19 TEST

*NO
NWS Office = MTR, Zone = CAZ513

Fire Weather Planning Forecast for the San Francisco Bay Area and Central California Coast National Weather Service San Francisco Bay Area 309 PM PDT Tue Apr 21 2020

DISCUSSION...High pressure will build Wednesday into the weekend with a warming trend, especially inland. Daytime highs will warm into the upper 70s and 80s inland while 60s should persist along the coast. Some breezy northwest winds will impact the coast and hills Wednesday evening with winds easterly and turning northerly Friday into Saturday allowing for lowering humidity. No rain forecast through the end of the month.

CAZ513-222200.
Santa Clara Valley...including San Jose.
309 PM PDT Tue Apr 21 2020

TODAY...
* Sky/weather............Mostly clear.
* Min temperature........44-49.
* Max humidity...........90 percent.
* 20-Foot winds...........Northwest winds up to 5 mph in the evening becoming light winds.
* CWR..................0%.
* LAL..................1.
* Marine layer...........3000 ft asl.

WEDNESDAY...
* Sky/weather............Sunny.
* Max temperature........74-79.
* Min humidity...........40-50 percent.
* 20-Foot winds...........Light winds becoming northwest 5 to 10 mph in the afternoon.
* CWR..................0%.
* LAL..................1.
* Marine layer...........3500 ft asl.

WEDNESDAY NIGHT...
* Sky/weather............Mostly clear then becoming partly cloudy.
* Min temperature........59-65.
* Max humidity...........90-100 percent.
* 20-Foot winds...........Northwest winds around 5 mph.
* CWR..................0%.
* LAL..................1.

THURSDAY...
* Sky/weather............Mostly sunny.
* Max temperature........75-80.
* Min humidity...........49-60 percent.
* 20-Foot winds...........Northwest winds up to 5 mph.
* CWR..................0%.
* LAL..................1.

EXTENDED...
THURSDAY NIGHT...Mostly clear. Northwest winds up to 10 mph.
Lows in the 50s.
FRIDAY...Mostly clear. Northwest winds up to 10 mph. Lows in the 50s. Highs in the upper 70s to mid 80s.
SATURDAY...Partly cloudy. West winds up to 10 mph. Lows in the 50s. Highs in the mid 70s to 80s.
SUNDAY...Mostly clear. West winds up to 10 mph. Lows in the upper 40s to mid 50s. Highs in the 70s.

PREPARED BY: Robert Hemera Date/Time: 4/21/20 1930
INFORMATION UPDATES

SITUATIONAL AWARENESS
The following links will provide situational awareness regarding the COVID-19 pandemic:

**SCC Public Health Department Data Dashboard**: Total cases, deaths, hospital, and laboratory testing data
bit.ly/SCCPHD_COVID

**California Department of Public Health**: COVID-19 cases and deaths in the State
bit.ly/CAPHD_COVID

**Center for Disease Control and Prevention**: COVID-19 cases and deaths in the United States
bit.ly/CDC_NCOVID

EMPLOYEE TOWN HALL
City Manager Dave Sykes will host a virtual Employee Town Hall meeting where he will provide updates on the City's response to the COVID-19 public health emergency and address questions from employees. All employees are encouraged to register to join one of the scheduled Town Hall meetings noted below:

Weds., April 22 @ 1030 - bit.ly/ETH0422
Thurs., April 23 @ 1500 - bit.ly/ETH0423
Friday., April 24 @ 1100 - bit.ly/ETH0424
Mon., April 27 @ 1800 - bit.ly/ETH427

SJFD YouTube
A SJFD YouTube page was recently launched to share several PSA videos the Department has created. The PSA videos reinforce County Public Health recommendations on how to slow the spread of Coronavirus and are now available in English, Spanish and Vietnamese. To view the videos on YouTube, visit bit.ly/SJFDYouTube.

PUBLIC SAFETY MESSAGING
If you are interested in contributing to the development of public safety messaging to encourage residents to stay at home or slow the spread of COVID-19, your assistance is welcomed and encouraged. Please follow-up with PIM Erica Ray at 408-398-9228 or sjfdpio@sanjoseca.gov.

INTERNAL & EXTERNAL FLASH REPORTS
The City’s EOC publishes Flash Reports twice daily at 1000 and 1700 as well as an Internal Flash Report for employees on Tuesdays and Thursdays to share COVID-19 related information. Please reference Flash Reports for the latest citywide information and resources available to employees. Flash Reports for the general public are available online and you can subscribe to receive email updates at sanjoseca.gov/covid19.

MEDIA REQUESTS
COVID-19 has created a great deal of media and public interest. If you are approached by a member of the media, personnel are not to answer questions or conduct interviews without specific direction from the Duty Chief or Fire Chief. Media inquiries should be sent up through your chain of command. Please gather the reporter's name, news agency, and contact information and contact your supervisor.

Date/Time: 4/21/2020 1800 hrs
COVID-19 By the Numbers

www.sccphd.org

SJFD As of April 21, 2020
- Positive personnel: 9
- Total personnel out: 10

Santa Clara County COVID-19 Cases Dashboard
Data last updated April 21, 2020

State of California As of April 19, 2020
- Total cases: 33,261
- Deaths: 1,268 (trending up)

www.cdph.ca.gov

United States As of April 20, 2020
- Total cases: 776,093
- Deaths: 41,758 (trending up)

www.cdc.gov
County of Santa Clara
Emergency Medical Services System
ADMINISTRATIVE ORDER

Number: AO 2020-004
Title: New Protocol:
700-S14 [Respiratory Viral Syndrome Transport Decision]
Effective: April 13, 2020

I. Declaration

The Santa Clara County Emergency Medical Services Agency has determined that an unscheduled policy addition is required. The following Santa Clara County Prehospital Care Policy has been developed in response to the ongoing COVID-19 pandemic:

- Protocol 700-S14 [Respiratory Viral Syndrome Transport Decision]

Consistent with Santa Clara County Prehospital Care Policy 109: Policy Development and Implementation, the EMS Director, or designee, may issue Administrative Orders when immediate changes are necessary.

II. Statement of Change and Rationale

The framework of the Respiratory Viral Syndrome Transport Decision Protocol was developed for pandemic influenza and adapted for COVID-19. The biology and clinical disease of influenza is well characterized, those of COVID-19 less so. The intent of the Protocol is to give guidance to EMS providers on when a 911 EMS patient with mild respiratory symptoms could be advised to stay in a place of residence and not be transported to an acute care hospital, particularly during times of high-volume outpatient visits to Emergency Departments.

The Protocol has three components:
- Viral respiratory disease risk factor assessment
- Vital sign parameters
- Access to healthcare assessment

The viral respiratory disease risk factor assessment is designed to help the EMS provider determine which patients have underlying health conditions and comorbidities that place them at increased risk of acute respiratory distress syndrome (ARDS), viral pneumonia, or complications of bacterial pneumonia, and sepsis. This CDC provided list is extensive and may result in excluding patients from the option of not being transported to an emergency department. As more clinical information is learned about the clinical disease COVID-19, this list can be modified and potentially shortened.

Based upon available peer-reviewed published COVID-19 data, age is a critical factor of this disease. The acuity and mortality of COVID-19 increases after the age of 60. Worldwide, children seem to have more mild disease or indeed may even be
asymptomatic carriers of the disease. Given the available evidence to date, this Protocol applies to patients 18-60 years old.

The primary symptoms of COVID-19 are fever, persistent cough and shortness of breath. After completing a full patient head to toe assessment, vital sign parameters reflecting hypoxia by pulse oximetry and tachypnea will be the next factor to consider in transport decisions. The Protocol advises transport to an emergency department with **SpO2 less than 94% on room air or respiratory rate greater than 20 per minute**.

The third component of the Protocol is assessing whether the patient has **access to healthcare**. Leaving a mildly symptomatic patient at a place of residence requires that the patient demonstrates access to outpatient healthcare for continued evaluation and if symptoms worsen, has the ability to recontact 911 if symptoms worsen rapidly or substantially change. If the patient does not have appropriate access to housing for sheltering-in-place and/or to isolate through symptoms, decisions for transport should be considered.

The current ePCR Run Form has been updated to include a new “Worksheet” called “Respiratory Viral Syndrome Transport Decision Protocol”. This worksheet allows the EMS provider to document in the live while at the patient’s side the answers of their patient assessment directly in line with the protocol. A complete ePCR, with a Refusal of Care, and the Respiratory Viral Syndrome Transport Decision Protocol Worksheet is required for each patient encounter that ends with a Respiratory Viral Syndrome Transport Decision Protocol use.

In addition, the EMS provider should document the following in the current ePCR run form:

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<td>Disposition: Patient Evaluated, no Treatment/Transport Required</td>
</tr>
<tr>
<td>2</td>
<td>Refusal Type: Refusal of Specific Care Capacity to refuse? Yes</td>
</tr>
<tr>
<td>3</td>
<td>Reason for refusal: Assess &amp; Refer</td>
</tr>
<tr>
<td>4</td>
<td>Patient Explanation: Refused transport - Assess and Refer Protocol Utilized</td>
</tr>
<tr>
<td>5</td>
<td>Areas refused: Patient Refused Transport; Patient Refused Treatment</td>
</tr>
<tr>
<td>6</td>
<td>Specific Items: Refused Transport, no transport required, Assess and Refer Protocol used</td>
</tr>
<tr>
<td>7</td>
<td>Instructions: Other Not Listed (Described in Narrative)</td>
</tr>
<tr>
<td>8</td>
<td>Patient Plan: Stay home and monitor</td>
</tr>
<tr>
<td>9</td>
<td>Patient Left With: Family</td>
</tr>
<tr>
<td>10</td>
<td>Risks Discussed: Yes (explanation entered here)</td>
</tr>
</tbody>
</table>

EMS Program Managers shall complete a 100% audit of each chart that Assess and Refer Protocol use. All inaccurate documentation shall be corrected as soon as possible. The EMS Agency may assist with developing a process to easily identify these charts through the creation of a new Incident List View in Elite.
III. Execution

Administrative Order # 2020-004 is in effect as of April 13, 2020. This Administrative Order will remain in effect until April 13, 2021.

Ken Miller, MD, PhD
EMS Medical Director

Jackie Lowther, RN, MSN, MBA
EMS Agency Director

Please direct any questions to Ken Miller, EMS Medical Director, by phone at 408.794.0615, or via email at kenneth.miller@ems.sccgov.org
RESPIRATORY VIRAL SYNDROME TRANSPORT DECISION

Effective: April 13, 2020
Replaces: New
Review: April 13, 2021

1. Purpose

1.1. The purpose of this protocol is to assess the medical necessity for transport of adult patients calling 911 for mild fever and respiratory symptoms to acute care hospital emergency departments during periods of increased healthcare system utilization. This includes patients seeking transport to receive testing for the COVID-19 or other respiratory viruses. Assessment is based upon risk factors for respiratory illness progression, vital signs and the ability of the patient to seek outpatient healthcare.

2. High Risk Patients

2.1. High risk patients are defined as a patient with a symptom or complaint with the presence of one (1) or more comorbid factors. This will be assessed by the patient’s past medical history. If the patient has any of the following conditions with symptoms, they are to be transported to an acute care receiving facility.

2.1.1. Age > 60 years (protocol applies to adults 18-60 years).

2.1.2. Blood Disorders such as sickle cell disorder or on blood thinners.

2.1.3. Chronic Kidney Disease or Renal Failure including patients that have been advised to reduce or omit medications due to kidney disease or is receiving dialysis.

2.1.4. Chronic Liver Disease such as cirrhosis and chronic hepatitis, including patients that have been advised to reduce or omit medications due to chronic liver disease or is receiving treatment for liver disease.

2.1.5. Immunosuppression (Compromised Immune System) any patient receiving chemotherapy or radiation for the treatment of cancer, received an organ or bone marrow transplant, taking high dosages of corticosteroids or other immunosuppressant medications or has a past medical history of HIV or AIDS.

2.1.6. Current or recent pregnancy with in the last two weeks.

2.1.7. Endocrine Disorders such as diabetes mellitus.

2.1.8. Metabolic Disorders such as inherited metabolic disorders or mitochondrial disorders.

2.1.9. Heart disease such as congenital heart disease, congestive heart failure or coronary artery disease.

2.1.10. Lung Disease such as asthma, chronic obstructive pulmonary disease (COPD) or other chronic conditions associated with impaired pulmonary function or that require home oxygen.

2.1.11. Neurological and neurodevelopmental disorders including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury.
3. Patients with an Advanced Life Support (ALS) Complaint or Symptom

3.1. Any patient with an ALS complaint and/or condition requiring ALS intervention or an abnormal vital sign (obtained at any point during patient interaction) regardless of the presence of respiratory virus symptoms will be transported to the appropriate receiving facility in accordance to Policy 602.

3.2. Vital sign parameters for referral to outpatient follow up: SpO2 ≥ 94% and respiratory rate < 20/minute.

4. Low Risk Patients with no complaint or Symptom

4.1. Patients that do not meet any of the above criteria and are reliable with the legal authorization to refuse care and/or transport, per Policy 502 (Patient Consent and Refusal for EMS Services) should be referred to their own primary healthcare provider or to an alternative care location avoiding transport to an acute care receiving facility by 911 Emergency Medical Services (EMS). Before care is terminated the patient must demonstrate the capacity and ability to reactivate the 911 system if they start to exhibit associated respiratory infection symptoms or the onset of an unrelated condition or symptom.

4.2. Home isolation advice:

4.2.1. Stay at home and seek healthcare provider treatment if symptoms worsen.

4.2.2. Call 911 for progressive dyspnea, dizziness, vomiting, chest pain or confusion.

4.2.3. Isolate at home with social distancing, avoiding contact with high-risk persons. Use over the counter medications for fever, cold and flu symptoms.

4.2.4. Maintain isolation for 72 hours after symptoms resolve or as advised by a healthcare provider.

4.2.5. Virus testing may not be necessary. Follow the advice of a healthcare provider but do not seek testing by calling 911 or going to a hospital emergency department.
5. Screening Flow Chart

Does the patient have any of the following medical history?

- 60 Years or Older
- Blood Disorders
- Chronic Kidney Disease
- Renal Failure
- Chronic Liver Disease
- Immunosuppression
- Pregnancy
- Endocrine Disorders
- Metabolic Disorders
- Heart Disease
- Lung Disease
- Neurological Disorders
- Neurodevelopmental Disorders

History From Above

YES

Transport

NO

ALS Complaint / Symptom

YES

Transport

NO

Meets VS parameters

YES

Patient may be referred to own primary healthcare provider or to an alternate care location

Transport
New Worksheet - Assess and Refer Protocol

Protocol 700-S14 RESPIRATORY VIRAL SYNDROME TRANSPORT DECISION, also known as Assess and Refer Protocol, took effect yesterday. In order to better support this new “refusal of care” scenario, the ePCR run form was modified to include a new “Worksheet” to assist the provider, while at the patient side, to document the assessment of the patient and inform the patient of the proper information.

The “Assess and Refer Worksheet” is directly modeled after the Protocol 700-S14. The worksheet provides questions that are answered yes or no. The worksheet is separated into category groups following the sections of the protocol. Each category or section requires the group of questions to be answered yes or no.

The provider may access the Assess and Refer Worksheet by clicking on the Worksheet button on the right menu bar. This displays the available Worksheets and hives the Power Tools. The provider can quickly select the Assess and Refer Protocol Worksheet and answer the questions. Once the provider enters the worksheet, the provider should always select “OK” before exiting to save the data entered.

The provider can re-enter the worksheet at any time, by simply selecting “Timeline” from the right-hand navigation bar, then selecting the already saved worksheet.

The provider may at any time select the “Power Tool” button on the right-hand navigation bar to display the list of Power Tools the provider may be accustomed to using.

Multiple worksheets may be entered per chart. However, it is recommended that only one worksheet be completed per chart and one chart be completed per patient. Worksheets do transfer during an “In the Field Data Transfer” “Upload/Download.” However, once transferred the worksheet cannot be edited by the downloading unit.
Documentation Requirements of the Assess and Refer Protocol

The provider shall only document in the worksheet when the Assess and Refer Protocol is actually being applied. The user should not enter the worksheet for any other reason. The provider shall also document the following in order to appropriately utilize the Assess and Refer Protocol Worksheet. A full and complete “Refusal of Care” must be documented in order to properly record the termination of Patient Paramedic Relationship. This is properly demonstrated by the following elements and values being recorded in the chart.

- The “Disposition” equals “Patient Evaluated, no Treatment/Transport Required”.
- “Refusal Type” equals “Refusal of Specific Care”.
- “Reason for refusal” equals “Assess & Refer” and any other additional notes the provider may have discussed with the patient.
- “Patient Explanation” equals “Refused transport - Assess and Refer Protocol Utilized” and any other additional notes the provider may have discussed with the patient.
- “Areas refused” equals “Patient Refused Transport; Patient Refused Treatment”.
- “Specific Items” equals “Refused Transport, no transport required, Assess and Refer Protocol used”.
- “Instructions” not previously listed above should be denoted in the narrative.
- “Patient Plan” equals “Stay home and monitor, Self-isolate, follow up with primary care physician”.
- “Patient Left With”, (whomever the patient was left with) most often will equal “Family”.
- “Risks Discussed” equals all discussion points between paramedic and patient.

Program Managers and Report Writer Users

The EMS Program Manager can access the “EMS Incident View” called “Assess and Refer”. This view will display all Refusal of Care charts that were documented as “Patient Evaluated, no Treatment / Transport Required”. If the provider appropriately documents according to the standards listed above, the EMS Program Manager will easily be able to QA this new protocol.

The EMS Program Manager may elect to build an ad hoc report in the Report Writer system to display each of the Assess and Refer questions and answers on the new worksheet. Each question on this new worksheet begins with “AR”, followed by the number of the question, # 1 through #31. When searching for columns in Report Writer, simply search by “AR”, and the full list of questions will appear.
2-1-1 will provide information about public health guidance on how individuals, schools, and business can help slow the spread of coronavirus and other frequently asked questions.

The Public Health Department still strongly advises residents to call their health care provider if they are looking for medical advice and 911 if they are experiencing an emergency.

Clients will be able to contact 2-1-1 to access free and confidential crisis and emergency counseling, disaster assistance, food, health care and insurance assistance, stable housing and utilities payment assistance, employment services, and childcare and family services.

They will also connect callers with local community services such as food, shelter, counseling, employment assistance, quality childcare, senior services, and more.

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**Project Baseline**

This is an online screening tool if people are interested in getting tested:

**Currently offering COVID-19 testing in California:**

- Santa Clara County, CA
- San Mateo County, CA
- Within 50 miles of the city of Riverside, CA

[www.projectbaseline.com](http://www.projectbaseline.com)
Do not throw away:
- Large hand sanitizer bottles as we will refill these with large quantity barrels at Battalion houses.
- Gallon sized alcohol containers for P100 alcohol sanitizer. These will be kept for refilling.

**SUPPLY ORDERING:**
OneDrive Supply ordering process. Access sent to all Captains and Battalion Chiefs.
(Now located within BC/CAs email sign-in, go to OneDrive, look under "shared with you").

1. Line Personnel on First Shift - Complete your station order requests by 1100 hrs (Order for 48 hr tour).
   
   NOTE: OneDrive access allows file sharing and automatically saves entries. Coordinate with your BC.

2. BCs will ensure stations have complete order entries and verify order completion by putting initials at bottom.

**Access your email:** Go to OneDrive / Go to Shared with me / Open "COVID 19 Supply" folder / Go to your Battalion / order. Battalion Chiefs will enter initials when order form has been completed (56 hour cycle - first shift only)

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**EQUIPMENT:**

SCBA bottle, Oxygen bottles, and Scott Air Packs needing repair can be swapped out with the air room at BET. Battalion Chiefs need to coordinate with the LSC at the DOC to procure any SCBA and O2 bottles as the training center is closed due to Academy. Air Units may be utilized to support inventory after business hours.

DEF may be procured from the Fire Shop utilizing your Apparatus Equipment #.

Pouch runs should be done through your Battalion Chief.

Sealed Goggles have been issued. These are to be carried in the airway bag for use during nebulized treatment, CPAP, and advanced airway procedures.

Thermometer Covers: Make sure you are ordering correct cover for thermometer on hand.

Touchless Thermometers have been distributed. These shall remain in EMS supplies for medical response.

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**FACILITIES**

Questions and concerns regarding station cleaning or other decontamination issues will be processed through the supervising Battalion Chief. The Battalion Chief will then coordinate with the Duty Chief for any mitigation issues. Once approved, department facilities personnel will handle the request from the Duty Chief through Logistics at the DOC.
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<td><em>FAQ's Paid Admin Leave</em></td>
<td><img src="QR7" alt="QR Code" /></td>
<td><em>Time Reporting 56 hour</em></td>
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<td>COVID-19 DOC Line Briefings</td>
<td><img src="QR10" alt="QR Code" /></td>
<td>Target Hazards</td>
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Date prepared: 4/21/2020
Gateway Hall

See Target Hazard for more information.
SAN JOSE FIRE DEPARTMENT
TARGET HAZARD FORM

Parkside Hall

See Target Hazard for more information.

240-064 Rev. 10/05
SAN JOSE FIRE DEPARTMENT
TARGET HAZARD FORM

South Hall

See Target Hazard for more information.
Camden Community Center

This site is a large conventional construction gymnasium used to shelter families in transition between housing. Family living "pods" will be constructed inside the gym providing for social distancing between family units. Pods are constructed with metal piping and plastic tarp drapes. There will be approximately 10 pods set up with 30-60 persons.

See Target Hazard for more information.
CONTINGENCIES

1) Response to High Risk Facilities.
2) Continuity of Fire Communications.
3) Civil Unrest.
4) Advanced Biohazard Decontamination.
5) Continuity of Field Operations.
6) PPE Supply Contingency.
7) EMS Responses at the Airport.
8) Food Acquisition Contingency.

4. Activation Authority: Any Incident Commander

5. Level of Organization: Operations

6. Management Evaluations Point (MEP) / Decision Point (DeP):

SJS responds to a fixed facility or institution (skilled nursing facility, jail, etc.) where multiple patients are exhibiting sign/symptoms of COVID-19 infection.

7. Leaders Intent:

1) Recognize the potential for community based COVID-19 infections in fixed facilities with vulnerable populations.
2) Work with the appropriate agencies for the size, scale, and scope of the event.
3) Provide for firefighter and public safety.

8. ACTION STEPS:

1) Identify the presence of multiple patients exhibiting sign/symptoms of COVID-19 infection.
2) Call for appropriate level of resources: MCI Level of Activation, SJS ALS units, Med30, Ambulances (Consider Task Forces Level I and II), EMS Duty Chief, and SJPD.
3) Notify SJS Duty Chief.
4) Consider Unification of Command with SCC EMS, SCC DPH, SJPD.
5) Consider isolating and denying entry to facility using HAZMAT Action Steps (R-SAFE-RITA-C) as a guideline.
6) Triage, Treat, and Transport emergent patients according to standing guidelines (SJFD/XSC policy/procedures).
7) Obtain guidance from SCC DPH thru SCC EMS Duty Chief and Med30 to stabilize and transition event to its final disposition (SCC DPH may elect to enact a quarantine order with specific guidelines for the facility).
8) Report final disposition to SJS Duty Chief.

9. Prepared by: Gerry Laird
   Date: 04/04/20 Time: 1800

10. Approved by: Robert Culbertson
    Date: 04/04/20 Time: 1800

11. Plan Pages #
    Total: 1
1. Incident Name: SJS COVID-19
2. Contingency Period: COVID-19 Santa Clara County State of Emergency

3. Plan Title: COVID-19 Continuity of Fire Communications

4. Activation Authority: Duty Chief

5. Level of Organization: Operations / Fire Communications

6. Management Evaluations Point (MEP) / Decision Point (DeP)

   SJS Communications staff are exposed to a potentially symptomatic COVID-19 person within the Control Room, necessitating a relocation to the Learning/Training Rooms or Alternate PSAP, decontamination of work stations, and repopulation of the Control Room to restore normal service.

7. Leaders Intent:

   1) Protect employees and preserve safe work areas.
   2) Maintain Fire Communications service levels post exposure. Minimize disruption of critical service.
   3) Provide proper notification and communication to staff and supervisors.
   4) Care for employees and work space, post exposure actions with direction from MED30/SJS DECO.

8. Action Steps:

   1) Recognize that a member(s) of Fire Comm have been exposed to possible COVID-19 symptoms in the control room.
   2) Isolate source patient.
   3) Report exposure to department DECO (M30).
   4) Follow guidance from DECO on:
      A) Decon of exposed staff and work area.
      B) Employee work status.
   5) Notify as necessary: Additional staffing, SJS Duty Chief, Alternate PSAP, additional Comm Centers.
   6) Prepare for temporary relocation to Fire Comm Learning/Training Room (preferred) or alternate PSAP as necessary. Clean work stations prior to transition.
   7) Preserve critical service during relocation while providing for safety. Remaining staff in the exposed area, prior to decon, will shelter in place and don N95 masks, continuing to take/dispatch calls while the transition is in place.
   8) Fire Comm performs temporarily relocation of PSAP for interim period.
   9) Fire Comm repopulates control room and restores normal operations.

ICS 215C
9. Prepared By: Robert Bacon
Date: 3/24/2020 Time: 1800

10. Approved By: Joe Crivello
Date: 3/24/2020 Time: 

11. Plan Pages # Total:
3. Plan Title: Civil Unrest

4. Activation Authority: Duty Chief

5. Level of Organization: Operations

6. Decision Point:

Upon notification that an event of civil unrest is imminent or in progress, Fire Communications will suspend dispatch assignments into the impacted areas and notify the Duty Chief for further guidance.

7. Leader's Intent:

1. Protect employees and preserve essential services.

2. SJS personnel will coordinate with law enforcement (LE) while operating in incidents of civil unrest.

8. Action Steps:

1. First arriving SJS officer, stage outside the hot zone, contact LE IC, obtain briefing, and establish Unified Command.

2. Determine control zones and communicate to SJS personnel.

3. Establish communications plan (radio, phone, etc.), with Fire/LE remaining on their own assigned frequencies.

4. SJS personnel to don ballistic PPE (helmet, body armor) and EMS PPE for biohazard threat (COVID-19 contact via respiratory and bloodborne exposure).

5. Determine Force Protection and SJS configuration determined by incident type and available resources.
   - Rescue Task Force (RTF)
   - SJS Task Force (2 Engines, 1 Truck, 1 BC, LE)
   - LE area saturation/corridor control

6. Order resources as required: Fire, EMS, USAR, HIT, etc.

7. Firefighting will likely be limited to defensive operations. Salvage and overhaul may not take place.
3. Plan Title: Advanced Biohazard Decontamination

4. Activation Authority: Duty Chief

5. Level of Organization: Operations

6. Decision Point:
   SJS staff have determined that enhanced decontamination post COVID-19 exposure is required to return equipment, apparatus, and common work areas back to service.

7. Leader’s Intent:
   1. Protect employees and reduce impact to essential service delivery.
   2. Identify a mechanism to rapidly and thoroughly decontaminate equipment, apparatus, common work areas, and fire stations.

8. Action Steps:
   1. SJS staff who believe they have a significant potential COVID-19 exposure to equipment, apparatus, and common work areas, will notify their supervisor, consult with the department DECO, and determine if enhanced decontamination is required.
   2. If enhanced decontamination is indicated, the Battalion Chief, or Division Manager, will request Duty Chief approval.
   3. The Duty Chief (or designee) will request the Hazardous Materials Incident Team (HIT) to respond via Fire Communications.
   4. To expedite the decontamination process, crews will be asked to perform the following tasks prior to HIT arrival:
      - Don enhanced PPE (gown, gloves, goggles, N95 mask)
      - Open all apparatus doors and compartments
      - Remove all contaminated equipment (SCBA, PPE, EMS gear), and line up items to facilitate decontamination
      - Remove and bag all affected bedding from dorm room of symptomatic employee. One bag per bed. HIT will leave additional disinfectant cleaner to use when laundering the bedding.
      - Shut off HVAC to station.
   5. HIT will complete decontamination of the apparatus and equipment first, followed by the station. HIT will notify crew when decontamination is complete, and the company can return to the station.
3. Plan Title: Continuity of Field Operations

4. Activation Authority: Duty Chief

5. Level of Organization: Operations

6. Decision Point:
It is unlikely there will be sufficient personnel, equipment, and supplies to respond adequately to multiple areas of the city for a sustained period of time to effectively mitigate priority Fire, Rescue, or Emergency Medical Services events during a pandemic. SJFD can expect delayed response times and challenges mustering adequate resources.

7. Leader’s Intent:
1. Maximize in-service/available status of SJFD resources to respond to priority events.
2. Use existing policies, procedures, and contracts whenever possible.
3. Modify standard dispatch protocols to achieve mission aligned objectives.

8. Action Steps:
Response Modifications: All modifications will be at the direction of the Duty Chief.
1. Notification requiring all units to show as “available/in service” when operationally ready when outside first due response area.
2. Modify dispatch (e.g., single unit dispatch to chronic alarms/situations).
3. BLS resources will be dispatched to Alpha and Bravo Calls instead of ALS resources, as outlined in SCC EMS contract.

Administrative Staffing Modifications:
1. Cancellation of scheduled training and administrative activities.
2. Multi-Bureau direction for 40-hour staff to fill Field Operations positions as available.
3. Direction to Battalion Chiefs to deny short notice vacation requests and employee-initiated absences.
4. Cancellations of prescheduled leave where possible.

Unit Down-Staffing Modifications:
1. Move paramedics to keep engines ALS (trucks will be triaged to BLS).
2. Maintain staffing in the following order to preserve essential services:
   Special Operations ARFF (The Duty Chief will check to confirm any changes to Mineta San José International Airport index and adjust minimum staffing if required)
   - ALS Type I Engines
   - ALS/BLS Type 1 Trucks
   - Special Operations (USAR)
   - Special Operations (HIT)
   - Squads

Unit Up-Staffing Modifications:
1. In anticipation of increased service demand, the Duty Chief may initiate staffing call-backs or hold-overs to upstaff additional SJFD resources. Options will vary according to apparatus and staff availability and include (but are not be limited to):
   - 200 Series Engines: Type 1 ALS Engines
   - 300 Series Engines: Type 3 ALS/BLS Engines
   - Squads (ALS/BLS)
   - 600 Series Engines: Type 6 BLS Engines
   - Hazardous Incident Team

ICS 215C
13. Prepared by: Robert Bacon
Date: 03/26/2020 Time: 1800

14. Approved by: Jose Crivello
Date: 03/26/2020 Time: 1900

16. Plan Pages #
Total: 1
<table>
<thead>
<tr>
<th>1. Incident Name:</th>
<th>SJS COVID-19</th>
<th>2. Contingency Period:</th>
<th>COVID-19 Santa Clara County State of Emergency</th>
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<tr>
<td>3. Plan Title:</td>
<td>Personal Protective Equipment (PPE) Supply Contingency</td>
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<td>4. Activation Authority:</td>
<td>Duty Chief</td>
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<td>5. Level of Organization:</td>
<td>Operations/Logistics</td>
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**6. Decision Point:**
1. Phase 1 - Initial deployment during a pandemic response.
2. Phase 2 - Individual stations report inability to obtain PPE.
3. Phase 3 - Battalions report inability to obtain adequate PPE to sustain operations.

**7. Leader's Intent:**
1. Provide adequate PPE to the workforce during each operational period.
2. Ensure continuity of essential services.

**8. Action Steps:**

**Phase 1 – Initial Deployment during a pandemic response:**
1. Normal courier and ordering operations will stop.
2. Duty Chief or DOC Director (DOCD) will assign a Logistics Section Chief (LSC) and Supply Unit Leader (SUPL) to distribute PPE.
3. Battalion Chiefs will determine method(s) (i.e. centralized point or courier delivery) to distribute PPE.
4. Company Officer will assess PPE needs based on their station’s inventory on the first shift of each tour.
5. Company Officer will enter their PPE request through the PPE Supply Order form located on the X-Drive.
6. Battalion Chiefs will email the Supply Order to the LSC.
7. LSC will review and fill orders for distribution to Battalion Station(s).
8. SUPL will deliver to Battalion Station(s).

**Phase 2 – Individual stations report inability to obtain PPE.**
1. LSC will request all Battalion Chiefs to report their Battalion’s current PPE inventory.
2. LSC will gather excess PPE from stations for redistribution.

**Phase 3 – Battalions report inability to obtain adequate PPE to sustain operations.**
1. Duty Chief or DOCD will provide direction to LSC to implement the Battalion Cache Contingency.
2. LSC will create Battalion Cache(s) with adequate supplies to create PPE inventory for six (6) days and notify Battalion Chief(s) Cache(s) will be delivered.
3. SUPL will deliver the Battalion Cache to each Battalion Station.
4. Battalion Stations will distribute PPE from their Battalion Caches to stations.
5. LSC will place orders through the EOC for essential PPE to replenish Battalion Cache Inventories.
6. Mutual Aid resources needing PPE restock will coordinate through their designated Battalion Chief to the LSC.
3. Plan Title: EMS Response to Norman Y. Mineta San Jose International Airport with a suspected COVID-19 patient on an aircraft

4. Activation Authority: Station 20 Captain

5. Level of Organization: Operations

6. Decision Point:
   1. Dispatch for a patient on an inbound flight/aircraft at the gate, with one of the current COVID-19 symptoms per CDC guidelines.

7. Leader’s Intent:
   1. Limit exposure by removing the patient from aircraft and transferring to ambulance on airside of terminal.
   2. Provide incoming fire department and EMS resources direction to best access the patient to provide care and transport if needed.
   3. Ensure Airport Operation guidelines are followed for secured area.

8. Action Steps:
   1. Station 20 Captain will determine (based on dispatch report) need for airside response from off airport SJS companies and transport ambulance. If deemed appropriate, the following will take place:

      A. Immediate Response (aircraft at gate)- Rescue 20 will proceed to the designated gate. Station 20 Captain will request through Fire Communications for fire and ambulance to respond to vehicle gate 58 (VG58, next to Station 20). SJPD will be requested to VG58 to escort fire and ambulance to the aircraft. If SJPD is unavailable to escort, Airport Operations/Manager on Duty (MOD) will be requested.

      B. Delayed Response (inbound aircraft)- Rescue 20 will stage at vehicle VG58 and will escort fire and ambulance resources together to designated gate. Rescue 20 will relay staging and movement of resources to Fire Communications. Station 20 Captain will relay escort by Rescue 20 to the MOD.

      C. SJFD Paramedic will determine if initial treatment is needed on the aircraft. When appropriate and without compromising care, patient will be removed from the aircraft for further treatment to reduce exposure/contamination to personnel and facilities. At all times, a badged escort must maintain direct supervision of all escorted persons to satisfy TSA requirements.

      D. To exit restricted area, all responders will be escorted back to VG58.
3. Plan Title: Food Acquisition Contingency

4. Activation Authority: Duty Chief

5. Level of Organization: Operations

6. Decision Point:
   1. Phase 1 - Individual stations report inability to obtain provisions.
   2. Phase 2 - Battalions report inability to obtain adequate provisions to sustain operations.

7. Leader’s Intent:
   1. Provide adequate nutritional requirements to the workforce during each operational period.
   2. Ensure workforce is operationally ready and essential services are not interrupted.

8. Action Steps:

   **Phase 1 - Individual Stations Impacted:**
   1. Company Officer will report to the Battalion Chief the inability to obtain necessary provisions within their response area.
   2. Battalion Chief will coordinate use of the Battalion courier to obtain provision for impacted station(s).
   3. Battalion Chief will notify Duty Chief for tracking purpose.

   **Phase 2 - Battalion(s) Impacted:**
   1. Battalion Chiefs will notify the Duty Chief of a Battalion’s inability to obtain necessary provisions.
   2. Duty Chief will make notification to Department Operations Center (DOC) Director to implement **Food Acquisition Contingency**.
   3. DOC Director will provide direction to DOC Logistics Section Chief (LSC) to implement.
   4. DOC LSC will distribute Meals Ready-to-Eat (MRE) as initial sustainment for SJS personnel and XSC Mutual Aid (if applicable).
   5. DOC LSC will place orders through the EOC for:
      - Pre-determined catering service(s) to provide meals to affected stations.
      - Mobile Kitchen Unit (MKU), to be set up at the SJS BFO Training Center (255 S. Montgomery St.).
        - On site location determined by the DOC LSC.
        - Day one of tour will provide lunch and dinner. Day two will provide breakfast, lunch and dinner.
        - Meals will be picked up by Battalion couriers and delivered to the Battalion station.
        - Battalion Chiefs will coordinate rotation of Battalion companies to acquire provisions.
**UNIT LOG (ICS 214)**

1. Incident Name: SJS COVID-19
2. Operational Period: Date From: 4/8/20 Date To: 4/10/20
   Time From: 0800 Time To: 0800

3. Unit Name/Designators

4. Unit Leader (Name and ICS Position)

5. Personnel Assigned/Designators

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<th>ICS POSITION</th>
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6. Activity Log (Continue on Reverse)

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7. Prepared By: Date/Time: