Training Package Master List
This master list combines all relevant SFD training updates on COVID-19. The most recent material added is from Training Document #7 on 4/10/2020

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Seattle Fire Department
Updated 4/10/2020
Department Updates

Health One

- Health One is modifying its deployment during the COVID-19 pandemic by providing service to people who may be cut off from social services, healthcare, basic supplies, and/or caregivers. Their response area remains the same.

- Indications for Referral to Health One:
  - Patient needs physical items (medications, oxygen, groceries, test strips, etc.)
  - Patient needs critical transportation (e.g., to dialysis appointment)
  - Patient is dependent on others (e.g., home caregiver cannot get to patient)
  - Patient is homeless, in supportive housing, or has mental health/substance use disorder

- How to Refer (use one of the options below)
  - **Normal business hours:** M-F 0900-1900 call (206) 886-8237 or (206) 886-8321
  - OR Use this form (also located on COVID-19 SharePoint page)
  - OR Email roger.webber@seattle.gov, matthew.jung@seattle.gov or jon.ehrenfeld@seattle.gov

- Members **must also** fill out the “Mobile Integrated Health Form” in ESO under Forms. Use “COVID-19” in “Reason for Referral” as seen below.

- All referred patients will get a follow-up phone call from the team. On a case-by-case basis Health One may conduct an in-person visit. When in doubt, call/voicemail team to consult.

Vulnerable Adult Reports

- Social workers will NOT be completing any in-person follow-ups due to COVID-19.
- When submitting reports, patient phone numbers must be included.

FAS

- FAS will provide emergency-only repairs and maintenance for 14 days beginning Monday, March 30 through Sunday, April 12.
- These repairs are defined as the following:
  - Active water leaks that are not contained in a sink, toilet or other catch basin.
  - Problems with life safety systems, including fire alarm systems.
  - Plumbing system back-ups causing a loss of service to the system in a toilet, sink, or drain line.
  - Inability to enter station by door or an apparatus bay door.
- Failures of heating or cooling systems, not including service to correct temperature issues within setpoints.
- Outages of electrical systems.
- Non-operational kitchen appliances.
- Roof leaks.
- Perimeter doors not securing properly.
- Preventative maintenance to prevent an imminent equipment failure.

- All work is by appointment only.

**Services**

**Sharps in Bio-Hazard Bags**
- Members are reminded that all sharps must be disposed of properly in sharps containers. These containers, when properly sealed, can be disposed of in the red biohazard bags.
- Services will pick up Bio Waste from each station on Monday, Wednesday and Friday.

**Station Thermometer**
- Thermometer ear covers for self-screening can be ordered through the Commissary.
- Due to supply limitations, members are asked to retain their covers for personal re-use.
- Plastic bags are being provided with orders so members can store their own covers for self-monitoring.

**Operations Updates**

**Responses**
- Follow previously published guidelines for all responses.
  - Members on MVI responses that may come in contact with the patient need to be in bunking gear and Level 2 PPE (mask, eye pro, gloves).
    - If the patient is ALS, ensure two BLS members are in Level 3 PPE to assist with patient care. Consider designating the Aid Car for Level 3 PPE standby.
  - Social distancing should be adhered to for all incidents including staging at fire responses.
- With many businesses currently being boarded up to deter theft, considerations should be taken early to soften buildings at fires.
  - Companies are encouraged to tour their districts to identify potential hazards.

**Fireground & Training**
- From April 10th until May 4th, (when it will be reassessed) we will follow the Governors call for limited interactions as much as possible by ensuring:
  - There will be NO use of the JTF by all Operations companies.
  - There will be NO training outside of fire station grounds. This includes all technical teams.
  - Any training we do within the station grounds should honor either social distancing or utilize PPE to avoid contact.
- At post-fire activities, (in staging) honor the 6-foot radius.
- On AFA’s at high risk environments (i.e. nursing homes, shelters) use your SCBA.
- Don’t share tools or equipment without gloves on.
For debriefings, Chiefs should limit the audience to company officers, who can then relay information to their crew members. Keep a 6-foot radius among members.

At MCOs, create a clear designated ingress and egress route through doors and hallways, to prevent people passing by one another.

**Inspections**

- Forgo Building Inspection but complete hydrant inspections. From SPU, we have had the following request/reminder:
- Reminder: Don’t flow water. City complaints indicate customers saying that they’d seen SFD testing hydrants in the area. A few customers also noted hydrants flowing water.
  - The complaints are centered in B4, B5 and B7.

**Form 77**

- If you entered your overtime into the system on April 1 or after for any work date on the calendar this year – there is **no need to send in the overtime form.**
- If you entered your overtime into the system prior to April 1. **Scan your overtime forms** to OpsAdmin@seattle.gov and CC Chief Hastings.

**Peer Support Team**

- The Peer Support Team, as part of the RMC, has been involved in the mental health and wellbeing of SFD members as they navigate isolation, quarantine and other effects of the COVID-19 pandemic. This support has been accomplished primarily through phone calls, texts and personal contact.

**Property Protection**

- SPD has been responding to an increase in burglaries of convenience, which requires SFD to assist with sealing windows and doors.
- Each truck company is being issued a cache of 5/8” 4’ x 8’ OSB to be used for patching broken windows and doors. The distribution of sheets is as follows.
  - L1, L4, L10 and L9 will receive ten sheets of OSB.
  - All other truck companies will receive five sheets of OSB.
- Self-tapping screws are also being delivered to assist in securing wood into aluminum frames.
- Additional supplies can be ordered through the commissary as a special order.

**Blood Pressure**

- The stations will **no longer** be providing the community with blood pressures. Signage has been sent out on 3-22-20. Make sure it is posted at each public entrance.

**Childcare Options**

- There are a number of childcare options open to support SFD employees and families during the COVID-19 crisis. Refer to **Memo M47-20** for more information

**Division Visits**

- There are to be **NO visits** to the FPD, JTF, Fire Garage, Commissary, FAC or HQ unless otherwise directed by a Chief Officer or the FAC.
• All work is by appointment only.
  o A basic disinfection must be done by the vehicle users agency in the work areas of
    the vehicle prior to our beginning work on the vehicle.
  o There will be no customer entry into the office CONFERENCE
    room/lunchroom/restrooms while work is being completed. The front door will be
    locked and arriving customers will need to buzz the front entry buzzer.

**Department Chaplain Services**

• The Department Chaplaincy Unit continues to respond to requests from Operations during
  the COVID-19 pandemic within the following parameters:
  o If a request for a Chaplain indicates it is COVID-19 related call, the Chaplain will not
    respond or be present on-scene with SFD companies or Seattle Police. SFD
    companies may contact the FAC for the phone number of the on-call Chaplain who
    will then reach out by phone to the family or persons affected to provide what
    assistance or support may be needed.
  o Chaplains will respond to the scene of a non COVID-19 related incident per normal
    protocol through the FAC. The Chaplains will follow social distancing guidelines and
    observe best practices for self-protection and protection of the SFD, SPD and
    community members. The SFD Chaplaincy has a mutual aid partner with SPD to
    ensure incident response in as timely a manner as is possible.

• The SFD Chaplaincy Unit is always ready to respond. Please contact Joel Ingebritson
  via the FAC or at joel.ingebritson@seattle.gov if you have any questions.

**Occupational Injuries or Illnesses**

• In an effort to reduce exposures, members are advised that there will be one point of
  contact who will deliver proper disability documentation to the hospital (Likely to be M44 or
  Safety 2).
• Members with occupational injuries/illnesses may see a physician of their choice within 24
  hours of layoff per existing guidelines (OG 3006).

**Washer/Dryer**

• Extractors are only to be used for bunking gear.
• Front loader washers and dryers should be wiped out with a rag. They then can be
  disinfected with Q10 spray and allowed to air dry.
• Members are urged to provide their own washable bedsheets or other suitable layers to
  prevent contamination of bed bug cover.

**Shelter Expansions**

• For a full list of facilities that the SFD are tracking opening up additional beds, [click here].
• Company officers may contact the POC for further information on the facility.
• For all concerns dealing with Fire and Life Safety, Company officers will contact
  SFD_FMO_Compliance@seattle.gov for direction.
PPE

PPE Levels
- SFD will define PPE levels to be consistent with regional partners:
  - Level 1: Eye protection and Gloves
  - Level 2: Mask, Eye protection and Gloves
  - Level 3: Mask, Eye protection, Gowns and Gloves (MEGG)

Emergency Responses
- Recon team and all Members in hot zone (within 6 feet of patient) will be at Level 3.
- All other members will be at Level 2
- Non-involved members may reuse their N95s if no patient contact is made and they remained outside the hot zone.
- As a reminder only use N95s masks you have been fit tested with.

Types of Masks
- Services recently delivered dust masks to stations while awaiting on an order for surgical masks. The dust mask should be used on all patients that have a cough or fever. Continue to order surgical masks from the commissary on Wednesdays.

N95 Masks for SFD Personnel
Surgical Masks or Dust Masks for Patients

PPE Usage Algorithm

EMS Guidelines

Training Videos

Patient Handoff at Hospital

- Regional fire departments and hospitals have agreed to a patient transfer policy regarding doffing PPE in ERs. For more information click here.
  - This policy should be posted in all Aid Cars and Medic Units.

EMS Response Updates with COVID

- Our PPE is limited. All PPE requests are back ordered AND every jurisdiction is requesting PPE. We need to operate conservative in our risk and our usage. So…
  - For all BLS runs, operate in the context of an aid car; have only 2 members in Level 3 PPE and interact with the patient. All other members are in Level 2 PPE unless they enter the hot zone.
  - When responding to an all-hands ALS run (i.e. on-going CPR) all members are in Level 3 PPE

- Recon EMTs need to provide a radio report to incoming units (including AMR) with patient condition and level of PPE.
- “Patient Leave-Behind” documents are now available in multiple languages. Stations can print these by going into the COVID-19 folder on SharePoint or by clicking here.

- Assist SPD with meeting PPE requirements for incident.
- Patients in custody who meet the home quarantine guidelines can be transported by SPD to KC Jail. SPD officers transporting patients should use PPE per their policies.

- Firefighters on AFAs at high risk facilities (Nursing Homes, Shelters, and Encampments) will be on either air or N-95 masks. It is situationally dependent. If you have a water job or an extended search for cause of alarm, then the N95 would be your choice (outside of a water job, the SCBA will still be on your back).

- Make sure to follow donning/doffing instructions and properly dispose of contaminated equipment into red bags on-scene.
  - Once back at station immediately dispose of red bag items into large biohazard bins.
  - Let services know when bins get full.

- Thermometers (on rigs) are to be left with the patient. Remove the protective sleeve, since the sleeve can lead to inaccurate temperatures.
- During a MED-7, we must keep the Medic’s drug box clean as possible.
  - Things to consider:
    - Set Hot Zone around the patient (6 ft). Limit equipment in Hot zone (stage kits in cold zone).
    - Create a warm zone; an area for contaminated equipment and garbage.
    - Establish a cold zone for a clean Firefighter (not included in patient care or CPR cycles) to do equipment retrieval.
- **Oxygen Therapy Guidelines**
  - Certain Oxygen therapies can spread aerosols, so follow the guidelines provided
  - BVM ventilation requires a HEPA filter.
  - [Airway Management Guide](#)

- **EMS Consult Line Information** (Continue to use this line as per the current BLS algorithm)
  - 206-386-9013. If no answer, request FAC page M44

- **Criteria to Leave Patients at home**
  - Leave at home documents for patients (symptom tracker and patient information)
  - [Leave at Home Documents link](#)
  - Follow BLS Algorithm for leaving patients at home [BLS COVID-19 Field Triage Algorithm](#) or as seen below.

### BLS COVID-19 Field Triage Algorithm

<table>
<thead>
<tr>
<th>Non-Transport (Leave or Send Home)</th>
<th>Vital Signs</th>
<th>ALS Evaluation</th>
<th>BLS Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vital Signs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temperature &lt; 40° C (104°F)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate &lt; 110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiration &lt; 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure ≥ 100/p</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SpO2 ≥ 95% (if available)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No decreased LOC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical History</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age &lt; 60 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No lung OR heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not immunocompromised</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Is home care suitable for the patient?</strong> (See Back)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If not transported, complete the following:

- Leave a Patient Information Sheet & Symptom Monitoring Tracker sheet with instructions to record signs and symptoms. Patient should contact their primary care physician.

If any single vital sign or criterion outside “Non-Transport” parameters (and not meeting ALS criteria) requires consultation.

Call the [EMS COVID-19 Consult Line at 206-386-9013](#) to determine whether the patient may remain at home or needs a BLS transport. If no answer, call FAC to page M44.

If responding to any symptomatic Healthcare Provider (HCP), call the number above to determine whether the patient may remain at home.
**Suitability Assessment for Home Care**

- The patient is stable enough to receive care at home
- Appropriate caregivers are available, if needed
- The patient is competent and consents to non-transport
- There is a separate bedroom where the patient can recover without sharing immediate space with others
- Access to food, water, and other necessities
- There are no household members at high risk of complications (see “Medical History” section on Front)

**If sending home from a public location:**

- Place surgical mask on patient
- Have patient transport themselves home while minimizing exposure to others. Discourage public transportation.

**ESO Documentation**

- NEW: Members need to document names of FFs who enter the hot zone in the narrative.
  - This helps the Exposure Group know which FF had the highest level of exposure.
- NEW: PPE documentation is now a mandatory field for all members assigned to the alarm.
- NEW: ESO is currently unable to reconfigure the PPE fields at this time.

- Complete and detailed documentation will help with the ability for SFD to investigate possible exposures from patients suspected of this disease. Add any Police Officers (Name and Badge #) to the narrative if they were possibly part of the SFD exposure.

- Personnel exposure and PPE:
  - Record the PPE worn by each member on scene by selecting items worn from the drop-down menu available by pressing “edit” next to each person’s name in the Personnel List under the Incident tab. (see picture below)
  - Recording the PPE worn every time you have contact with someone with respiratory illness ensures appropriate and timely measures are taken to notify you in the event of exposure to a confirmed patient.

- Impressions: Document the main reason for your response in the primary impression field (respiratory distress, fever, cough, etc). In the secondary impression field, use one of the COVID-19 impressions:
  - ‘COVID-19 – Confirmed by Testing’ – patients who have tested positive for COVID – 19.
  - ‘COVID-19 – Exposure to confirmed patient’ – patients who have had contact with someone confirmed to have COVID-19.
  - ‘COVID-19 – Suspected – no known exposure’ is for all other concerns.
Narrative: Document any relevant information in the Narrative. You may also include information about PPE or potential risk for exposure to your crew. Use the text “COVID” in your narrative to flag the record for review.

NEW Outbreak Screening Form:
- Use this new outbreak screening form (located under the FORMS tab) to quickly document relevant information which will help with on-going monitoring efforts. This form replaces the Influenza Screening form and will be mandatory.

Thorough documentation helps with employee exposure tracking and data collection by SFD and Public Health. Questions about ESO documentation should be directed to SFD_ESO@seattle.gov.

See PPE documentation below

Exposure Division Guidelines

- The Exposure Division, using guidelines developed by Dr. Sayre, determines if an on-duty exposure has occurred.
- Exposure is defined as direct physical contact and/or being within 6 feet of patient for more than a few minutes. The types of on-duty exposure are as follows:
  - **Reportable Exposure**: Members encounter COVID-19 positive patient without Level 3 or experience PPE failure during patient care.
  - **Hospital Reportable Exposure**: Members encounter an unknown COVID status patient during treatment and are not wearing Level 3 PPE or experience PPE failure.
    - Public Health reports patient COVID status after testing and the Exposure Division investigates incident.
  - **Member-to-Member Exposure**: Exposure from a COVID-19 positive member on-duty within 48 hours of the onset of their symptoms.
    - All members within that 48-hour rule are called and interviewed to determine if they were “exposed” based on the criteria. If a member has been exposed, they are immediately placed on Paid Administrative Leave and in-home quarantine for 14 days (from the date of exposure).
• The on-duty HSO (Safety 2) is the point of contact for the Exposure Division. If you have any questions about the process or a specific exposure investigation, contact them at (206) 233-5154

Exposure Group Notifications

• Public Health notifies the Department whenever testing records indicate our members had contact with a patient who later tested positive for COVID-19. The Exposure Group reviews all ESO records related to these notifications.
• A standardized process is in place to immediately investigate and communicate with members regarding these patient contacts, as well as any other work-related exposure.

SFD Facility Policies

Face Covering Procedure for Use Outside of Incidents

• Consistent with CDC and IAFF, the department recommends that individuals cover their face with masks or cloth while in public and their workplace to prevent exposing others.
• Given the current shortage of surgical masks, all members are being issued a neck gaiter (one size fits all) to use for face covering in the workplace and in public.
• The City of Seattle is pursuing additional face covering options to be issued in the coming weeks when available.
• Specific use guidelines:
  o Mark gaiter with Inj/Ill #
  o Wear face covering when around others, both at work and in public.
  o Wash or disinfect hands before and after donning and doffing.
  o **Remove prior to responding on all alarms** and place in a clean, secure area like a pocket or paper bag.
    ▪ Neck gaiters are not fire rated.
  o Neck gaiters need to be deconned. Machine or hand wash gaiter periodically depending on use.
• Only utilize department-issued PPE and face covering.

Firehouse Exposure Reduction

• The Department has experienced an increased number of COVID-19 cross contamination between on-duty members. Station Captains should initiate the following steps within their stations:

  • **Shift Change:**
    o **Designated Station Entry Point** – Ensure compliance with the [Self-Screening Checklist](#).
    o **Removal of Personal Gear** – Remove and store your own PPE and personal items from the apparatus at shift change. Move personal belongings (bags, bedding, etc.) to your POV early to facilitate an expedited bunkroom/office transfer.
    o **Limit Interface between Shifts** – Limit interaction as much as possible between oncoming and off going shifts.
- **Roll Call Location** – Conduct roll call in a large space (e.g.: apparatus bay) that facilitates minimum 6-foot social distancing.

- **Station Socializing:**
  - **While in Quarters** – Do not congregate in small spaces (e.g.: watch office, beanery, etc.). Adhere to the 6-feet minimum spacing.
  - **Reduce Chairs** – Reduce the number of chairs located in common meeting spaces (beanery, bull pen, offices, etc.) to physically deter people to gather in the same space.
  - **Station Training** – Conduct training in a manner that maintains 6-feet minimum spacing.
  - **Off-Duty Members** – Until further notice, off-duty SFD members will not come into the stations to work out or visit. Station Captains will develop a practice for members that need to arrive the evening before shift that will limit contact with others.

- **Station Meals:**
  - **Stagger Times** – Consider eating in shifts to reduce the member interaction.
  - **Eating Locations** – Consider taking plates of food to alternate places in the station to create spacing.
  - **Shared Items** – Disinfect shared food containers and communal/clutch items.
  - **Small Businesses** – Consider supporting small businesses in your districts by ordering take out.

- **Mail Run:**
  - **Modified Routing** – Determine any changes that need to be made for moving department mail that will minimize potential for cross contamination and member interaction. Battalion Chiefs are to formalize and communicate changes.
  - **Alternate Mail Pickup/Dropoff Locations** – Identify a location (ex: apparatus bay) that minimizes traffic flow through station living areas. Ensure that this location is marked and shared with other units.
  - **Electronic Delivery** – Utilize the station scanner and email wherever possible to send documents. When mail must be handled, consider wearing gloves and washing hands immediately thereafter.

- **SFD Facilities:**
  - **Facility Visits** – Trips to SFD facilities are limited to urgent department business only. When visits are necessary, get approval from Battalion Chief and limit the number of personnel making entry. Make appointments when possible.
  - **Battalion Chiefs** – Communicate with Battalion members via phone or Skype. If a Battalion Chief needs to go to a station, maintain social distancing.

- **Bedding:**
  - **Base Layer** – Encourage the use of a washable base layer on beds (e.g.: sheet, blanket, etc.) to create an additional barrier.
  - **Washing Frequency** – Base layers should be washed daily.
Fire Responses:
- All Fire Fighter interactions with the public while on-shift should be at a distance of 6' and the screening questions should be asked. If any concerns for possible COVID exposure, PPE should be worn.

SFD Dedicated Facility Entry
- SFD facilities will be restricting access to specific entrances in order to channel all personnel and FAS contractors through a self-screening checkpoint.
- **Division Heads and Station Captains:** Establish a primary point of entry and communicate it to the Captain of Services at sfd_facilities@seattle.gov.
- Other entrances will be electronically restricted from entry by card reader. Exceptions will apply to places that require secondary points of entry.
- All facility doors shall remain available for emergency egress.

**Enhanced Self-Screening Station**
The Self-Screening Station should be located immediately upon entering the designated entry point(s). Detailed guidelines for the self-screening stations located [here](#).

**Self-Screening Station** will include:
- FAS/Vendor/Contractor Posted Signage
- Hand Sanitizer
- Self-Screening Checklist
- Thermometer
- Guest Sign-in Log
- Mask & Gloves for contractors
- Sani-Wipes Waste Collection
- Voluntary Self-Screening Verification Sign-in
• If during the screening process individuals identify with criteria listed on the self-screening checklist, that person should exit the facility immediately and notify their supervisor by phone. Screening stations and signage are located here.

Self-Monitoring Checklist:

**SELF-ScreenING CHECKLIST (Available on SharePoint)**

*Shall be conducted at the beginning of the workday.*

*Employees with one or more of these signs/symptoms are considered to have a communicable illness, should not be at work, and need to communicate through the proper channels.*

- **FEVER** (38C/100.4F)
- NEED TO SNEEZE OR BLOW NOSE DURING CARE OF PATIENT OR TALKING WITH A CO-WORKER
- PROLONGED SORE THROAT
- PRODUCTIVE/UNCONTROLLED COUGH
- COUGH LASTING MORE THAN TWO WEEKS
- DIARRHEA ASSOCIATED WITH AN ACUTE ILLNESS

**First-Responder COVID Testing**

- As a reminder, the First Responder Testing Site, now in Tukwila, is able to test FD/PD/EMS personnel who are SYMPTOMATIC without known occupational exposure. If you are symptomatic, quarantine yourself and fill out this intake screening form: First Responder Testing Site Survey.
- Members should **NOT** request a test if they do not have symptoms. The COVID test can yield inaccurate results on individuals that are not symptomatic. We also have access to a limited supply of tests and need to reserve them for members that are symptomatic. Additionally, we are not re-testing people who have already tested positive.

**Alternate Accommodations**

- The City is offering SFD members an alternate quarantine and isolation location for those who have concerns about staying at home. Additionally, the city is offering two alternate hotel locations for those who are healthy (“Healthy Stay”) but have a vulnerable household member or a COVID positive household member.
The Quarantine/Isolation location is in Downtown Seattle and will have room fees, parking, and meals provided by the city.

Healthy Stay locations are in Northgate and Tukwila and will have the room fees covered by the city.

If a member would like more information or would like to stay, isolate, quarantine at an alternate location, they should contact the on-duty Health and Safety Officer at (206)233-5154.

COVID-19 Member Algorithms

COVID-19 Member Exposure and Return to Work Algorithm

3/25/20

Contact with Symptomatic Person (contact > 1 minute within 6')

On-Scene exposure results from lack of full PPE

**Unknown COVID Status**

- Complete Precautionary 78 & Exposure 172 Forms
- Continue working until Hospital reportable or member becomes symptomatic

**Hospital Reportable Exposure**

- HSO contacts member
- Complete Precautionary 78 & Exposure 172 Forms
- HSO/DO place member on Paid Admin Leave for 14 days
- Start home quarantine, fill out REDCAP survey 2x a day

**Member Becomes Symptomatic**

- Within 14 days of exposure

**Isolation**

- Member Develops Symptoms at Work*
  - Member notifies BC and may choose to go off on occ or non occ disability for uncertain exposure
  - HSO/DO facilitates priority testing
  - Member transitions to isolation

- Member Develops Symptoms at Home*
  - Member may choose to go off on occ or non occ disability for uncertain exposure
  - Completes disability forms
  - Recommend member notifies HSO/DO
  - Member completes survey for priority testing

**Positive test**

- DO adjusts Disability status to Occ

**Return to Work**

- Member able to return to work after completing 14-day quarantine and being fever and symptom free for 72 hours.
- DO contacts member and transitions them to Full-Duty

**Negative Test**

- Start Home Quarantine after shift
- Fill out REDCAP survey 2x a day

**Known COVID Status**

- Contact Supervisor/BC & Complete shift
- BC confirms Precautionary 78 & Exposure 172 complete and notifies HSO
- HSO coordinates placing member on Paid Admin Leave

**Start Home Quarantine after shift**

Symptoms include*:
- Fever > 100F
- Respiratory symptoms i.e. new cough, new shortness of breath, sore throat, body aches

For any questions contact on-duty Safety 2.
DO = Disability Officer
HSO = Safety 2
Return to Work Guidelines: Confirmed COVID Exposure

COVID-19 Exposure
Guidelines for Return to Work

Confirmed COVID-19 Exposure
1. Quarantine AND
2. Monitor symptoms for 14 days from exposure

Each day on surveillance: Any symptoms?

Symptomatic
1. Isolation for AT LEAST 14 days from symptom onset AND
2. Obtain COVID-19 testing

COVID-19 Positive
Have 14 days passed from symptom onset?
YES → Isolation
NO → Have symptoms resolved for AT LEAST 24 hours?
(No fever without fever-reducing medications)
IF NEW symptoms arise during 14 day monitoring, return to isolation AND re-test for COVID-19
YES → Return To Work
IF: (1) 14+ days past exposure AND
(2) 24+ hours symptom free

NO → Isolation

COVID-19 Negative
Have symptoms resolved for AT LEAST 24 hours?
(No fever without fever-reducing medications)
YES → Return To Work
IF: (1) 14+ days past exposure AND
(2) 24+ hours symptom free

NO → Isolation

Asymptomatic
Have 14 days passed since exposure?
NO → Quarantine
YES → Return To Work
IF: 14+ days past exposure

Symptoms include:
- Fever > 100F
- Respiratory symptoms i.e. new cough, new shortness of breath, sore throat, body aches

Version 3
Updated 03-25-2020
Adapted from WA DOH
Return to Work Guidelines: No Documented Exposure

COVID-19 Exposure Guidelines for Return to Work

No Documented to Known COVID-19 Person

Monitor symptoms

Symptomatic
Testing for COVID-19 is encouraged for symptomatic first responders

Asymptomatic
There is NO role for testing first responders without symptoms at this time

Testing obtained

COVID-19 Positive
Have 14 days passed from symptom onset?

NO
Isolation

YES

Return to Work
Per routine wellness and return following illness

COVID-19 Negative
Have symptoms resolved at home?
(No fever without fever-reducing medications)

NO
Quarantine

YES
Return to Work
IF: 72+ hours symptom free

Have symptoms resolved for AT LEAST 72 hours?
(No fever without fever-reducing medications)

NO
Quarantine

YES
Return to Work
Per routine wellness and return following illness

Symptoms include:
- Fever > 100F
- Respiratory symptoms i.e. new cough, new shortness of breath, sore throat, body aches

Version 3
Updated 03-25-2020
Adapted from WA DOH

Seattle Fire Department
Updated 4/10/2020
Equipment Cleaning and Decon

Enhanced Disinfection Criteria

- The Enhanced Disinfection Unit (EDU) manager and the Exposure Group Supervisor review various criteria to determine each day’s plan. The plan is prioritized based on facility size, EDU capacity, known COVID-19 exposures in facilities or apparatus, and member testing.

Q10 Disinfectant

- Q10 disinfectant is now available through the Commissary weekly supply order in individual spray bottles. The solution is premixed and should be sprayed and left to dry on surfaces.
- One spray bottle should be placed on each apparatus for on-scene decon. Other spray bottles to be used for daily station cleaning.
- It is food safe, requires a 10-minute dwell time, and requires no rinsing.

- **DIRECTIONS**: First, clean surface of dirt, grease and debris prior to disinfecting. Then to disinfect, spray on surfaces or equipment thoroughly using a fine mist. Don’t wipe or rinse. A Q10 damp cloth can also be used as necessary.
  - Station Surfaces
  - Apparatus surfaces including seats
  - SCBA and Cylinders
  - Station boot/bunker boot decon *(spray replaces 9:1 bleach tubs)*
  - Bunker Gear Gross decon.
  - Portable/Apparatus Radios
  - Chairs/mattress/ other textiles

Altair Gas Monitors

- Clean the exterior of device regularly using a Q10 soaked cloth being careful to not touch the filter or inlet. Allow to sit for 10 minutes to maintain the contact time. Ensure the unit is dry.
- Properly store in pelican box on apparatus.
- Test the unit in a clean atmosphere that has not been contaminated with bleach or alcohol based cleaning products. This may facilitate taking outside into fresh air. Then let the unit run for 5 minutes after all sensors have returned to normal readings.

Boot Washing

**Disinfection and Decontamination:**

1. **Clean** – to remove visible contamination and reduce organic load prior to disinfection, first use moistened rag or towel and discard in red bag.
2. **Disinfect** - Spray boots with Q10 and let air dry. You can also use a Q10 damp towel or rag with:

- If low on Q10 use alternate process below.
  - Use two gray tubs to each station. Boot wash stations should be set up in the apparatus bay so that station boots can be deconned before entering living spaces. One tub should have a 9:1 bleach solution and the other tub should be for rinsing. Leave boots in bleach solution for 10 mins before rinsing.

### Radios

**Clean:**
1. Clean radio with cloth and soap-water solution, then use a stiff, non-metallic, short-bristled brush to work all loose dirt away from the device.
2. Make sure that no solution remains entrapped near any connectors, cracks or crevices.

**Disinfect:**
1. Devices may be disinfected by wiping them down with Q10 soaked rag. Isopropyl alcohol with at least 70% alcohol concentration can also be used.
2. When cleaning with isopropyl alcohol, the alcohol should never be applied directly to device. It should be applied to a cloth, which is then used to wipe down the device.
3. Do not use other chemicals. The effects of other chemicals and their vapors can have detrimental effects on plastics and the metal platings.

### Tablet/Laptop

1. Clean all of tablet (except for screen) with purple top wipes after each use
2. Use at least 70% isopropyl alcohol to clean screen.

### Other Chemical Disinfectant Uses

- 9:1 Bleach solution: station floors (mop bucket)
- Wescodyne: MMR Regulator disinfection (See Sharepoint for Instructions)
- Isopropyl alcohol: Tablets & Computer screens (Apply with damp cloth)
- Purple Top: Computer Keyboards (Gloves shall be worn)
SFD Apparatus Cleaning Checklist

At the beginning of each shift and after transporting a patient:
Decontamination procedures should be performed at the receiving facility, before putting the unit back in service.

**ADDITIONALLY: TO BE CONDUCTED EACH SHIFT AT 0815 AND 1915 HOURS**

<table>
<thead>
<tr>
<th>Cleaning Checklist Instructions</th>
<th>0815</th>
<th>1915</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don appropriate PPE including eye protection and gloves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keep apparatus doors open while cleaning. Remove the gurney if applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray Q10 on all visible interior soiled surfaces.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect all reusable patient-care equipment, including but not limited to: blood pressure cuff, stethoscopes and portable oxygen bottles.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect Scott air pack MMRs if applicable.</td>
<td></td>
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</tr>
<tr>
<td>Clean and disinfect the interior of the patient compartment including control panels, seatbelts, grab rails, and drawer and door handles. Wipe down low-risk surfaces, including walls, ceilings and cabinets.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweep vehicle floors to remove debris, and mop vehicle floors with 1:9 bleach solution. Allow time for this solution to dry before entering the vehicle to continue the decontamination process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect surfaces on the interior of the driver's compartment including, but not limited to: radios, control panel surfaces, steering wheel and other vehicle controls, seatbelts, interior door handles, keyboards and cell phones.</td>
<td></td>
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</tr>
<tr>
<td>Wipe down the exterior door handles and compartment handles, and any other areas that may be contaminated (backboards, stair-chair), with Q10 soaked rag.</td>
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<td></td>
</tr>
<tr>
<td>Disinfect the exterior of all hard-shell medical kits. Disinfect reusable patient care items inside and allow to air-dry. Empty these kits weekly and wash with soap and water. Wipe equipment bags made of Cordura fabric with Q10 soaked rag.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doff all PPE using SFD protocols. Wash hands thoroughly.</td>
<td></td>
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</tr>
</tbody>
</table>
SFD Aid Car/Medic Units Cleaning Checklist

At the beginning of each shift and after transporting a patient if applicable:
Decontamination procedures should be performed at the receiving facility, before putting the unit back in service.

**ADDITIONALLY: TO BE CONDUCTED EACH SHIFT AT 0815 AND 1915 HOURS**

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<th>Cleaning Checklist Instructions</th>
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<tr>
<td>Don appropriate PPE including eye protection and gloves.</td>
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<tr>
<td>Keep apparatus doors open while cleaning. Remove the gurney if applicable.</td>
<td></td>
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</tr>
<tr>
<td>Remove linens carefully, taking care not to shake, and dispose in soiled linen receptacles at the receiving facility, or bag in linen bags for future disposal.</td>
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</tr>
<tr>
<td>Use Super Sani-cloth germicidal wipes to clean all visible interior soiled surfaces.</td>
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</tr>
<tr>
<td>Clean and disinfect all reusable patient-care equipment, including but not limited to: LifePak15, blood pressure cuff, stethoscopes, laryngoscope blades and handles, portable oxygen bottles, and suction units.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect Scott air pack MMRs if applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect the interior of the patient compartment including control panels, seatbelts, grab rails, and drawer and door handles. Wipe down low-risk surfaces, including walls, ceilings and cabinets.</td>
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<tr>
<td>Sweep vehicle floors to remove debris, and mop vehicle floors with 1:9 bleach solution. Allow time for this solution to dry before entering the vehicle to continue the decontamination process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and disinfect surfaces on the interior of the driver’s compartment including, but not limited to: radios, control panel surfaces, steering wheel and other vehicle controls, seatbelts, interior door handles, keyboards and cell phones.</td>
<td></td>
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<tr>
<td>Wipe down the exterior door handles and compartment handles, and any other areas that may be contaminated (backboards, stair-chair), with Q10 soaked rag.</td>
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</tr>
<tr>
<td>Disinfect the exterior of all hard-shell medical kits (yellow aid kits, orange-, black- and gray- medic kits). Disinfect reusable patient care items inside and allow to air-dry. Empty these kits weekly and wash with soap and water. Wipe equipment bags made of Cordura fabric with Q10 soaked rag.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doff all PPE using SFD protocols. Wash hands thoroughly.</td>
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</tbody>
</table>
SFD Facility Decontamination Checklist

STATION: _______________________________ DATE: ______________________

Clean and disinfect by spraying a fine mist of Q10 disinfectant. Super Sani-cloth germicidal wipes can also be used.

**TO BE CONDUCTED EACH SHIFT AT 0815 AND 1915 HOURS**

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<tbody>
<tr>
<td>Don appropriate PPE (gloves, eye protection)</td>
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<td></td>
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<tr>
<td>Disinfect interior and exterior door handles</td>
<td></td>
<td></td>
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<tr>
<td>Disinfect light switches and bay door controls</td>
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<tr>
<td>Disinfect phones and station radios</td>
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<td></td>
</tr>
<tr>
<td>Disinfect stairway railings and fire poles</td>
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<td></td>
</tr>
<tr>
<td>Disinfect fridge, oven, microwave handles and sinks</td>
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<td></td>
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<tr>
<td>Disinfect bathrooms including faucets, toilet levers</td>
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<td></td>
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<tr>
<td>Disinfect station computers, keyboards, mice, printers</td>
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<td></td>
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<tr>
<td>Disinfect laundry machines and extractors</td>
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<td></td>
</tr>
<tr>
<td>Disinfect window latches, curtain levers, lamp switches</td>
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<td></td>
</tr>
<tr>
<td>Remove PPE and dispose of appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wash hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace hand soap, sanitizer, and paper towel as needed</td>
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<td></td>
</tr>
<tr>
<td>Restock and reorder cleaning supplies as needed</td>
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<td></td>
</tr>
</tbody>
</table>
SCBA Regulator (MMR) Cleaning/Disinfecting Manufacturer Guidelines

DO NOT use shop compressor air.

The following steps are used to **CLEAN** the regulator:
1. If excessive dirt or soil is present inside the regulator, forward for repair.
2. Ensure Purge Knob is closed.
3. Depress the Donning / Air Saver switch.
4. Remove bulk debris with clear water or a damp sponge.
5. Wash with mild dish soap and warm water as needed.
6. Rinse with clear, running water.
7. Allow to dry.

If **DISINFECTING** is needed:
1. Clean first, using the above instructions.
2. Mix Wescodyne plus spray solution by filling bottle with water and shaking to mix. Small vile is attached to bottle for refill.
3. Spray all surfaces to be disinfected.
4. Allow contact time of 10 minutes.
5. Rinse with clear, running water.
6. Allow to dry.

The regulator MUST BE fully dry before next use. After cleaning, allow air to flow through the regulator by opening the Purge Knob. You can accelerate drying times by using clean breathing air from an SCBA cylinder.

**Alternative drying method:**
1. Take a spare cache SCBA bottle and place on backpack.
2. Open the purge valve as well as smack the MMR on the Scott sticker to activate the donning switch (like taking your first inhale) to give it a blast of air.
3. Once this is complete, hook up to pack for daily check.
   - This will conserve air on our SCBAs and for stations without a compressor/ limited bottles, will result in less air runs.
   - Be careful when blowing out the MMR. The warnings on Wescodyne state that it causes irreversible eye damage. **Eye protection is suggested.**

**Certain cleaning and disinfecting agents such as bleach and ammonium chlorides may cause damage, deterioration or accelerated aging to parts of the SCBA. Use only the recommended cleaning and disinfecting agents.**