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## **COVID-19 Pandemic Contents**

Department Updates.....	2
IR Thermometers.....	2
Community Test Sites.....	3
PPE Use Update.....	5
Peer Support Update.....	5
Re-Opening Guidance Update.....	6
Antibody Testing Information.....	6
COVID-19 ESO Trends.....	7
Dispatcher Protocols for Screening COVID Patients:.....	8
Battalion Mail:.....	8
Deputy 1 Significant Incident Report (D1 SIR).....	9

**On Friday's at 1000 hours**, the Fire Chief and Leadership Team will conduct a 60-minute Department-wide TEAMS informational meeting. It will be posted on the Activity Scheduler.

For all our challenges, the show must go on. For whichever crisis is confronting us in this particular minute, we are still going on runs and doing our daily duties. In the final analysis, we are defined not by our creative solutions to the problems but by our dogged determination to continue serving while these challenges begin resolving themselves through trial and error.

I won't pretend to understand when we finally arrive at anything considered "normal" but I can say our resolve has reached new levels and I see that we can absorb this pressure and continue functioning at a very high level. This is professionalism at its core.

Throughout this chaos, keep focused on our jobs and eventually, through efforts on thousands of fronts in this world, our new normal will begin to appear. Hang in there.

-Bryan W. Hastings

**Members are to log this training in TIMS**

Session Title: (Company/Shift)-COVID-19 Drill # 14  
Subject: 09-EMS  
Lesson: 09-10 Infectious Disease

## **Department Updates**

The area around the east precinct (protest zone) is considered extremely risky. On a daily basis, the situation is evaluated, and our response protocols are adjusted. Each day, the on-duty Chiefs, FAC, SPOC and M44 consult on 2 TEAMS meetings to openly discuss response protocols and Department upstaffing. If you work in Battalion 2, you will get special information that applies only to the protest zone. The hot zone (no entry w/o Police Department calling the area secure) is 10<sup>th</sup>-13<sup>th</sup>, Olive-Pike and the warm zone (responses will always include a Chief) is Union-Denny, 13<sup>th</sup>-Broadway.

Our directive is to:

- 1) Maintain a high degree of situational awareness;
- 2) Do not proceed without LE in the red zone and;
- 3) In the yellow zone, "grab and go" with patients and limit firefighting to extinguishment only.

## **IR Thermometers**

- The Seattle Fire Department is replacing disposable thermometers with IR thermometers. All frontline companies will add the new IR thermometer to the Aid Kit Inventory.
- Use of a thermometer may be an effective screening tool for all patients.
- Any patient suspected of having a febrile respiratory illness will have their temperature checked with the new IR thermometers and recorded in the patient's electronic health care record in ESO.
- Thermometer Instructions:
  1. Aim thermometer probe at the center of the forehead (do not use on scar tissue, inflammation, or injury)
  2. Keep probe 1" away from skin (do not touch forehead with probe)
  3. Gently press the measurement button to start
  4. The thermometer will vibrate once a reading is obtained
  5. Temperature will read on the display screen
  6. Turn off thermometer by pushing the power button or it will automatically turn off after 8 seconds.
  7. Decon with Q10 for re-use

\*NOTE: Temperature readings may be inaccurate if the patient is outside and their skin is exposed to the cold.



### **Community Test Sites**

- The Seattle Fire Department is leading the effort on community testing by opening 2 Community Test Sites for COVID-19. They are located at 3820 6 Avenue S. and at 12040 Aurora Avenue N. The Community Test Sites are a combined effort, including other City workers that are displaced from work due to the pandemic. SFD EMTs are performing the actual swabbing.
- As of June 8, 2020, the First Responder test site has been incorporated into the Community Test Site(s).
- All Firefighters and their immediate family member, please follow normal intake link procedure [here](#).
- The Community Test Sites are open Monday through Saturday, 09:30- 16:00



For more information please watch: [Call to Action for Seattle Firefighters for Staffing COVID 19 Testing Sites](#)

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- The following is the present criteria that indicates testing:
  - 1) **COVID like symptoms present**, Symptoms of COVID-19 include:
    - Cough
    - Shortness of breath
    - Difficulty breathing
    - Additional symptoms
      - Fever
      - Chills
      - Repeated shaking with chills
      - Muscle pain
      - Headache
      - Sore throat
      - New loss of taste or smell
  - 2) **Exposed Patients** – as determined by Contact Tracing
    - **Limit testing of asymptomatic persons to those with exposure**
      - Close contacts of a case (if a close contact tests negative, these individuals still need to remain in quarantine for 14 days after their last date of exposure)
      - Individuals exposed to COVID-19 during an outbreak in a congregate setting (e.g., long term care facility, shelters, correctional settings, meat-packing plants, etc.)
      - If adequate supplies are available, testing asymptomatic people can be considered for:
        - Persons who are pregnant and present in labor
        - People undergoing procedures that increase the risk of aerosolized particle spread
        - People undergoing invasive surgical procedures (within 48 hours of procedure)
  - 3) **If you attended large gatherings**, you MAY have been exposed. You are strongly urged to get tested for COVID-19 if you develop ANY symptoms including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
- **Resources - More information from CDC** is available at:  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- **Overtime Opportunity:** Firefighters who are interested in working at the Community Test Sites as swabbers should sign up for Special Overtime. Onsite training will be provided. Please watch for forthcoming Department Memo.

### PPE Use Update

- **Efficacy of precautions to limit COVID-transmission:** Keep it up, these measures matter, and they are working!
  - **Physical distancing:** The risk for infection is highly dependent on distance to the individual infected and the type of face mask and eye protection worn.
    - When on calls and in the firehouse but also when off-duty, crews should remember that these measures work!
    - Transmission decreases as distance lengthens.
- **Masks:** Face masks result in a large reduction in risk of infection.
  - Both N95 and surgical masks have a stronger association with protection compared with single-layer fabric masks.
- **Eye protection:** Eye protection is associated with less infection.
  - Don't forget to wear your eye protection!
- **Governor's Directive:** As per the Governor's Safe Start rules, as of June 8, 2020, facemasks are required in the workplace.

**Resource:** [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)

**Resource:** <https://coronavirus.wa.gov/information-for/you-and-your-family/face-masks-or-cloth-face-covering>

### Peer Support Update

- You are invited to: First Responder Wellness on the Frontline: Cultivating Emotional Immunity During COVID-19 interactive Zoom webinar which is open to all King County Fire, EMS, and Dispatch professionals on **June 15, 2020 at 09:00 hours Pacific Time** (US and Canada).
- **Register in advance for this webinar:**  
[https://us02web.zoom.us/webinar/register/WN\\_wO2NHIDpTIGsICDEfjV38g](https://us02web.zoom.us/webinar/register/WN_wO2NHIDpTIGsICDEfjV38g)
- NOTE: City of Seattle IT does not support Zoom. On-duty members will need to use personal electronic devices to participate in the live presentation. The presentation will be available for viewing after the event date.
- The King County Fire Chiefs Association, Seattle Fire Department, Mercer Island Fire Department, King County Medic One, and KC EMS are excited to announce this free interactive webinar on mental wellness during the Covid19 pandemic which is open to all Fire, EMS, and Dispatch professionals in King County. This interactive webinar will be presented by Dr. Maureen Pierce. Dr. Pierce is a long-time first responder advocate who has counseled and treated many first responders and military.
- You are welcome to send Dr. Pierce a question(s) to her email at: [drpierce@drmaureenpierce.com](mailto:drpierce@drmaureenpierce.com). If you choose to ask a question via email, this will be done so confidentially, and no names or departments will be mentioned. You may also ask

questions at the time of the webinar in the Q&A section. Dr. Pierce will try to answer as many questions as she can, time permitting.

### Re-Opening Guidance Update

- According to recent studies, and as demonstrated in other countries, our society can be reopened up to 75% of pre-COVID levels by following adherence to “four pillars of reopening”.
  - Widespread **Testing** for COVID-19
  - Aggressive **Contact Tracing** of those who are deemed COVID positive
  - Adequate **Isolation** of COVID-positive people.
  - Comprehensive **Quarantining** of persons discovered in Contact Tracing.
- $R_0$  (“R – naught”) is an epidemiological measure of transmission of a disease and is useful during a pandemic. It describes the reproduction number, which is the average number of cases that are directly generated from a single case of disease. When this number is less than 1, the outbreak will shrink over time (conversely, when  $>1$ , it will increase, often exponentially).
- $R_0$  in King County is estimated to be about 0.8.  $R_0$  assumes that 95 % of the population is susceptible to COVID-19 infection.
  - The rationale of having widespread testing is that it allows early identification of cases, which can then lead to rapid contact tracing, isolation and quarantine, thus containing local outbreaks of disease and limiting spread.

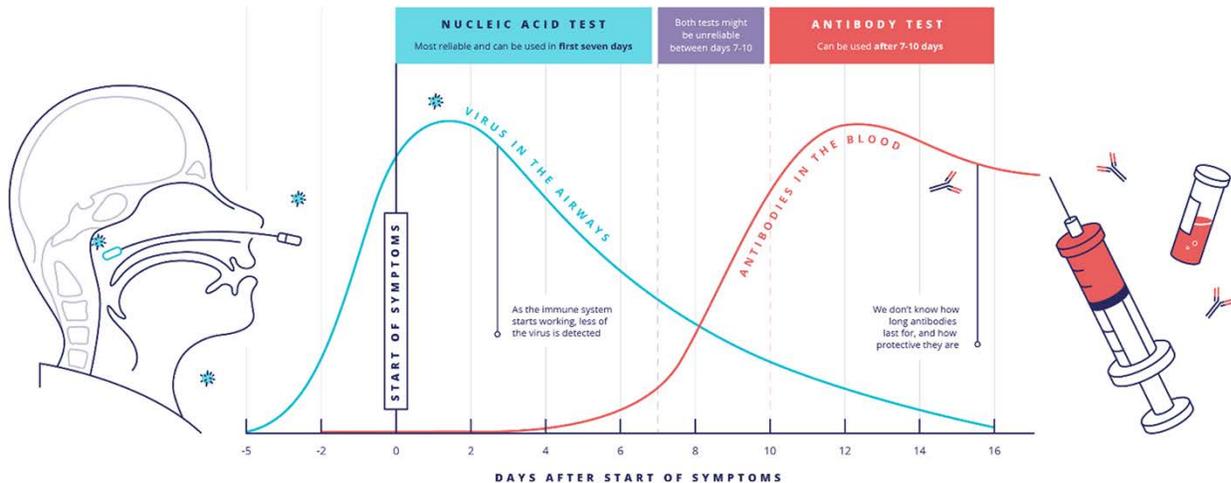
**Resource:** ([https://covid.idmod.org/data/Modeling\\_countermeasures\\_for\\_balanced\\_reopening\\_King\\_County\\_Washington.pdf](https://covid.idmod.org/data/Modeling_countermeasures_for_balanced_reopening_King_County_Washington.pdf).)

**Resource:** <https://covid.idmod.org/data/COVID-19-transmission-likely-rising-through-April22-across-Washington-State.pdf>

### Antibody Testing Information

- **Viral nasopharyngeal PCR testing** is used mainly for diagnosis of COVID-19. In contrast, serum **antibody testing** (blood sample) is used mainly to measure prior infection and informing on the extent of COVID-19 spread in the population.
- **Detection:** Antibodies only detect infections after the immune system has recognized the virus and begun the process of producing virus-specific antibodies to fight the infection. This happens approximately 7–10 days after symptoms develop. (See graphic below)
- **Immunity:** Before an antibody test can be used to indicate that someone is immune to further infection, the level of protection must be demonstrated in experimental trials. While there is a clear link between the presence of the antibody and protective immunity for many common viral infections, this has not yet been confirmed for this novel coronavirus. It is possible that people are temporarily protected against reinfection but the protection wanes

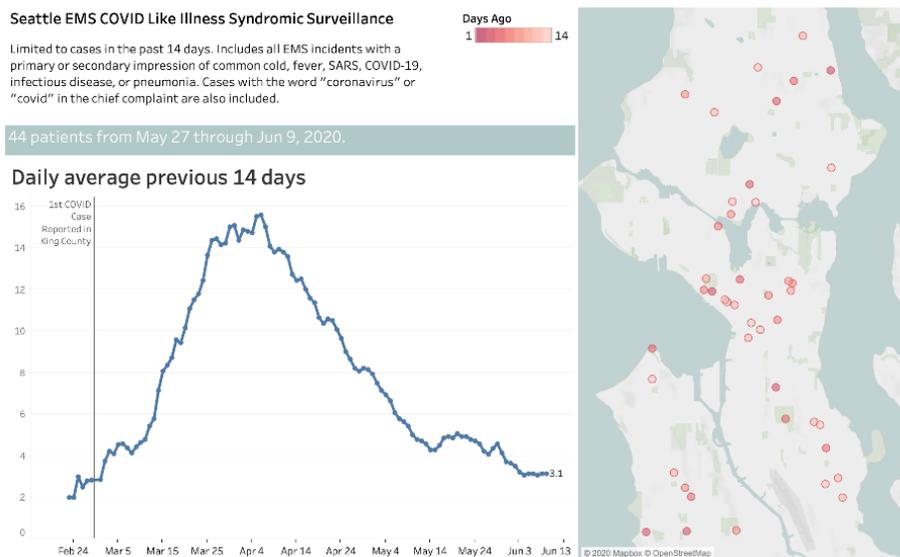
with time, or that protection operates against current but not future strains of the coronavirus.



**Resource:** <https://coronavirusexplained.ukri.org/en/article/vdt0006/>

**COVID-19 ESO Trends**

- The [syndromic surveillance](#) report below is from the Seattle Fire Department electronic health (ESO) records through Tuesday June 9 at 23:59 hours. A normal week in June is about 4 to 7 responses for patients with febrile / flu symptoms. For the week beginning on May 31, there were **18** responses for COVID-like illness patients, 8 patients less than the preceding week, and only about 2 times higher than normal before COVID-19. Seattle Fire has been seeing about **3** patients daily for the past 14 days.



### Dispatcher Protocols for Screening COVID Patients:

In the standard course of questioning a caller, dispatch protocols are designed to screen for possible symptoms of COVID-19. During an interview with a caller with respiratory difficulties or flu-like symptoms the protocols will prompt the dispatcher to ask relevant questions. There are however scenarios where the protocols would not necessarily direct a dispatcher down that line of questioning. Examples of this would include trauma such as an MVI or fall, or for a diabetic issue. To attempt to screen all callers for COVID-19, if it has not already been addressed in a line of questioning, dispatchers, ask a series of questions at the end of every call.

Dispatchers shall ask every caller if they have a Cough, Sore Throat, Shortness of Breath or a Fever.

If answered in the positive, these symptoms will result in the 'PPE Advised' dispatcher comment to be added in the response information.

If answered in the negative to all questions, this will result in the comment 'No Known Symptoms' being added.

When the dispatcher has incomplete information, such as a third party or hang up call, this will result in the comment 'Unable to Screen for COVID Symptoms'.

### Battalion Mail

Per Training Package #8, all SFD facilities will use the printer/copier to [scan](#) all Forms and Battalion Mail directly to the secure O: Drive folder "**O: Department Mail.**" When scanning, please name the document with the Member's last name.

Members are not to place paper mail in out-baskets to **Battalion or Department Headquarters or other Divisions**. Ops Admin will route documents to destination through Adobe Sign.

#### Exceptions:

- *Services*: All Form 22's, receipt of shipments, packing slips, etc., should be scanned and emailed to [SFD\\_Services@seattle.gov](mailto:SFD_Services@seattle.gov).
- *Disability*: Form 78 complete through member portal – all other Disability documentation shall be sent to [SFD\\_Disability@seattle.gov](mailto:SFD_Disability@seattle.gov).
- *Notice of Violation*: Continue current process.
- *Collisions*: Battalion Chief's, scan all documents and photos and email per current process to on-duty Safety 2. WSP form must be delivered to Safety 2 in person. Once Collision package is processed by Safety 2, they will scan package to Ops Admin at: O: Department Mail and name it "**last name of Safety Officer Safety - Member Last Name**".

Further information regarding Adobe Sign and other forms automation applications is forthcoming. Questions may be directed to [OpsAdmin@seattle.gov](mailto:OpsAdmin@seattle.gov).

## Deputy 1 Significant Incident Report (D1 SIR)

- The Department has implemented a program called Deputy 1 Significant Incident Report (D1 SIR). Previously published D1 SIRs now have a permanent location on the [Ops SharePoint page](#).

### Recent Deputy 1 SIRs:

1. [615 Federal Avenue E](#) (5/17/20):  
Overview of Incident: Well organized response from the first engine to the transfer of Command to Battalion 2, who then added “Derelict Building SOG in effect” and confirmed an initial transitional attack. This fire shows how the difference in a single word “abandoned” versus “derelict” changes the situational awareness for crews responding.
2. [9536 42 Avenue NE](#) (5/29/20):  
Overview of Incident: Working fire started in the kitchen with homeowner cooking with grease. Interesting points about good coordination with vertical ventilation and the criticality of the language we use for an effective water supply.
3. [12025 Phinney Avenue N](#) (6/3/20):  
Overview of Incident: This was a two-story, wood frame, 30’ x 50’ SFR. Exterior fire on deck which extended to house siding and then the attic space. Great tips on overcoming bonking radios and managing an effective 360.