COVID-19 PANDEMIC AGENDA

1. PPE Usage Algorithm
2. EMS Guidelines
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4. COVID-19 Member Occupational Exposure Algorithm
5. COVID-19 Exposure Return to Work Guidelines
6. Other Station Duties and Changes
7. Division Updates
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Any thoughts/feedback or recommendations should be directed to your Chief Officer and they will forward. You are the boots on the ground and your idea may make the difference!

NOTE
We are not yet in the middle of this crisis. The bell curve has not hit its apex. As we refine our risk, we do it for a purpose. We have hard times ahead. The modeling suggests that around April 7, we will see our numbers peak. With every peak, we can anticipate greater anxiety and fear from the public. Our plan and our leadership will be tested. We only work as a team if we stay united, positive and vigilant. We are doing all we can behind the scenes to safeguard our members. Stay true to our mission; to serve and provide hope for our community. I am truly honored at the effort you are pouring into this pandemic. -Bryan W. Hastings

Members are to log this training in TIMS:

a. Session Title: (Company name/Shift) - COVID-19 Drill #4
b. Subject: 09-EMS
c. Lesson: 09-10 Infectious Disease

Seattle Fire Department
3/22/2020
1. PPE Usage Algorithm

This are our same marching orders. If supplies get too low, or we have procedural changes that is based on any new data or science, we may alter/adjust this algorithm. In the meantime, you must know the following algorithm by heart:

**PPE Usage Algorithm**

**START**

- **2 members in full PPE**
  - Render Aid to Patient/ request assistance only if necessary
  - Stay Out of Service to Decon Equipment

- **SICK**
  - Pt Status & Location
  - NOT SICK

- **HIGH RISK LOCATION**
  - 2 members in full PPE (members not in PPE stay 6’ away or out of room)
  - Render Aid to Patient
  - Stay Out of Service to Decon Equipment

**YES to ANY**

- Prior to Exam ask Pt and Bystanders:
  - Fever?
  - Cough?
  - SOB?
  - Sore Throat?
  - Recent visit to Nursing Home?

- Notify FAC: PPE ADVISED
- All members treating in FULL PPE
- Minimize members treating
- Pt Contact Kit: Garbage bag with Stethoscope, BP Cuff, Thermometer (leave with Pt), Surgical Mask for Pt, Nasal Cannula, pen light
- Keep non-required equipment away

- 2 members in PPE render Aid
- Stay Out of Service to Decon Equipment
2. EMS Guidelines

Moving Forward into the COVID-19 Pandemic: (New Items)

- Firefighters on AFAs at high risk facilities (Nursing Homes, Shelters, and Encampments) will be on either air or N-95 masks. Firefighters entering the building should be fully covered.
- 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.
- Stations will no longer provide Blood Pressure Checks for the public to reduce secondary exposures.
- N-95 Masks are for First Responders, not Patients. There are various brands of N-95s at the stations so verify they are N95s by reading the box.
  - Order surgical masks (for Patients) through the commissary on the Wednesday order.
  - FAS has 100K surgical masks coming in, hopefully sometime next week.
- Thermometers (on rigs) are to be left with the patient. Do not to use the protective sleeve since this can lead to inaccurate temperatures.

Main EMS Strategies:
- Limit Firefighter Exposures (Aid Car Model of care).
- Reduce PPE Burn Rate (When possible).
- Proper ESO Documentation:
  - COVID Impressions
  - PPE
  - Outbreak Screening Form
  - Must update ESO tablet

3. COVID-19 Discussion Scenarios (FAQ’s located here: SharePoint)

I. You are dispatched to a fall, down ten stairs. MED-6 is dispatched.
   a. What is your approach?: (Engine Company)
      i. Two Member recon in full PPE quickly move to the patient and radio out situation status to Officer and Driver as soon as possible.
      ii. Officer and driver will proceed once PPE is donned.
   b. Key factors:
      i. Provide good patient care.
      ii. Safety of members.
   iii. Use only the amount of resources necessary to mitigate incident.
      iv. Provide situational updates to all responding units.
         - Use Sick/Not Sick to address the acuity of the patient.
         - Radio out to incoming units what you need:
II. **How do you retrieve equipment from the Medic’s drug box during a MED-7?**
   a. **Key Factors:**
      i. Prevent cross contamination.
      ii. Create a consistent workflow in Med-7.
      iii. Safety of members.
      iv. Decrease time for decontamination.
   b. **Things to consider:**
      i. Set Hot Zone around the patient (6 ft).
      ii. No equipment in Hot zone that can’t be deconned.
      iii. Establish a clean Firefighter for equipment retrieval (Not included in patient care or CPR cycles).
      iv. Create an area for contaminated equipment and garbage.

III. **You are on a Medic Response as an Engine Company for a 55 year old Male Chest pain.**
   a. **What is your approach?:**
      i. Recon team dons Full PPE and contacts patient
      ii. Ask screening questions
      iii. Attempt to move patient outside for better ventilation (if possible)
      iv. Do a complete patient exam
   b. **Key Factors:**
      i. Provide good patient care
      ii. Limit call to needed personnel
      iii. Reduce exposure risk
   c. **Things to consider:**
      i. Prior to Medic arrival give a Short Report to the Medic's.
         1. i.e. “Patient report..., full PPE”
         2. i.e. “Patient Report..., Mask only PPE, Medic consult needed”
      ii. Communication is key to limiting exposures
4. COVID-19 Member Occupational Exposure

COVID-19 Member Occupational Exposure V3 (3/19/20)

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

Partial or No PPE Worn

Was person known COVID-19 positive on-scene?

YES

Unknown COVID Status

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

NO

Reportable Exposure

- Decon & contact Supervisor/BC
- Complete shift
- BC confirms Precautionary 78 & Exposure 172 Forms complete. Notifies HSO
- HSO coordinates placing member on Paid Admin Leave
- Start Home Quarantine
- Fill out REDCAP survey 2x a day

Hospital Reportable Exposure

- HSO contacts member
- Complete Precautionary 78 & Exposure 172 Forms complete
- HSO coordinates placing member on Paid Admin Leave
- Start home quarantine, fill out REDCAP survey 2x a day

No Symptoms after 14 days

- Member contacted by DO to confirm return.
- Paid Admin Automatically converts to Full-Duty

Positive test

- DO adjusts member’s Disability status to Occ
- RTW following TBD guidelines

Negative Test

- Member completes 14-day quarantine
- Member contacted by DO to confirm return.
- Paid Admin Automatically converts to Full-Duty

Return to Work

RTW Criteria TBD for positive test

Hospital reports patient tested positive

Member Becomes Symptomatic Within 14 days of Precautionary 78

- Member goes on occ disability for confirmed exposures, may choose occ or non occ disability for uncertain exposure
- Completes disability forms
- Disability Officer (DO) facilitates priority testing
- Member transitions to home isolation

DO = Disability Officer
HSO = Safety 2
5. COVID-19 Member Occupational Exposure Return to Work Guidelines

**COVID-19 Exposure Return to Work Guidelines**

**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 7 days passed from symptom onset?
  - NO → Isolation
  - YES → Return To Work

**COVID-19 Negative**
- Have symptoms resolved for AT LEAST 24 hours?
  - NO → Isolation
  - YES → Return To Work

**Asymptomatic**
- Have 14 days passed since exposure?
  - NO → Quarantine
  - YES → Return To Work

**Return To Work**
- IF: (1) 14+ days past exposure AND
  - (2) 24+ hours symptom free

**No Known COVID-19 Exposure**
- Monitor symptoms

**Symptomatic**
- Has fever resolved for AT LEAST 24 hours?
  - NO → Quarantine
  - YES → Return To Work
6. Other Stations Duties/Changes
   I. Forgo Building Inspection but complete hydrant inspections. From SPU, we have had the following request/reminder:
      • Please don’t flow water. They can pressurize the barrel to verify operability, but not actively flow water.
   II. Blood Pressures
      • The stations will no longer be supporting the community with blood pressures. Signage to this regard is forthcoming but, in the meantime, simply post on a sheet of paper:
        o “Blood Pressures are not being permitted in all Seattle Fire Stations until the COVID-19 crisis has subsided.”

7. Division Updates
   I. Department Chaplain Services
      The Department Chaplaincy Unit continues to respond to requests from Operations during the COVID-19 pandemic within the following parameters:

      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.

      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.

   II. 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.
      • Fire Alarm Center – Radio Communications Shop
        o 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/lunch room/restrooms while work is being completed. The front door will be locked and arriving customers will need to buzz the front entry buzzer.
8. Decontamination/Disinfection

As we evaluate the best practices for this specific virus and our disinfecting agents, we will continue to address different pieces of equipment.

1) SCBA Regulator (MMR) Cleaning/Disinfecting Manufacturer Guidelines

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.

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.

2) Altair Gas Monitors

- Clean the exterior of device regularly using only a damp cloth. Do not use cleaning agents (such as alcohol, bleach or other) as they may damage the combustible sensor
- Let the device air dry prior to storing
- Average cost of the sensors is $300 each.
3) Apparatus Disinfection

FAS Enhanced Disinfection Procedures:

1. On notification of positive exposure, Deputy 1 will put apparatus and crew out of service. If out of quarters, members will be directed to return apparatus to a location TBD.
2. Current procedures for positive exposure of members applies.
3. Off shift Firefighters called to put spare rig into service. If fire station of exposed crew has been disinfected or doesn’t require disinfection, Firefighters will return to that station. If fire station requires disinfection, spare apparatus and crew will be directed to location TBD
4. First line apparatus will be disinfected and left in location previously determined for 24 hours. Apparatus is safe to drive within 2 hours, needs 24 hours to settle out and dry.
5. At conclusion of disinfection process, members on spare rig will swap into disinfected apparatus.

Facts on Apparatus Decon.: FAS will use an outside vendor, Walker Construction
- Minimum 24-hour lead time
- Apparatus enhanced disinfection will take 2 hours dwell time, then apparatus will be drivable for emergency use; however recommended 24 hours to settle out and dry.
- Vendor is mobile and can come to any reasonable location
- Thermal fogger will not harm electronics
- All areas that exposed members have contacted will be disinfected

4) New City Procedures for Facilities

The Seattle Fire Department has implemented additional sanitation and disinfection policies due to COVID-19. Anyone entering city facilities must follow these steps: (Signs for Stations coming out from Services).
1. If you have a cough or fever, believe you may have been exposed to COVID-19 or are diagnosed with COVID-19, do not enter the premises.
2. Individuals must wash hands with soap and warm water for a minimum of 20 seconds upon entering.
3. Check in with on duty crew [if in quarters] to present identification and reason for the visit.
4. Sign in the log book to help us track possible exposures.
5. Clean all surfaces with which you have had contact with appropriate wipes as you go.
6. All surfaces in the work area should be wiped down with appropriate wipes when work is completed.
7. Cover coughs and sneezes and wipe down surfaces that may have been contaminated.