As our industry and communities are impacted by COVID-19, it is important that we work together to protect our personnel and those that we serve. There is much uncertainty in the future, but fire service leadership is working together to plan for what providing emergency services might look like in the coming weeks and months. This will test our organizations, our communities and all of us that provide emergency services. We are getting new information about the COVID-19 situation daily; we appreciate everyone’s understanding as things change and evolve over the course of this pandemic. We are committed to protecting our members while staying true to the mission of serving our communities. I am proud of the incredible efforts by the women and men of King County’s fire service.

— AC Kevin Crossen, South King Fire and Rescue, Chair Zone 3 Ops

As firefighters, we take care of people and we solve problems. In many ways, Coronavirus has challenged our ability to do these things. It’s also challenged how we do these things: instead of rapid decision making and decisive action, this virus is literally requiring us to stand back and slow down. This disruption to what we do and how we do it has created uncertainty and disequilibrium within our organizations. The procedures within this document have been developed to counteract this disruption. As good as these procedures are, however, they are no substitute for the ingenuity, professionalism, and compassion that each of you bring to the job. We will rise to this challenge and we will be better for it.

— DC Tim Day, Kirkland Fire Department
Training Officer/Company Officer Training Packet Delivery Instructions

This packet is intended for use at the company level to reinforce information already provided and to update companies on small changes in guidelines. The process is intended to be interactive and lead by the Training Officer (TO) or Company Officer (CO).

**Condition**
Give the Zone 1 & 3 Training Packet and supply space (classroom/meeting room/kitchen table), CPR mannequin, EMS kits, computer, and writing utensils to each member.

**Behavior**
The member will receive instruction, updates and participate in interactive discussion and activities.

**Standard**
The member will demonstrate acquired knowledge, skills, and abilities by passing a written exam with a score of 80% or better.
Scout Model Guideline

1) Review with company the Scout Model videos for:
   ii. BLS Response (Live Action): https://youtu.be/MpQhwzyVAUo
   iii. ALS Response (Animated): https://youtu.be/37MYVDpFLmA
   iv. ALS Response (Live Action): https://youtu.be/JXtL529g5No
   v. Cardiac Arrest: https://youtu.be/HUbZSpJJSlg

2) TO/CO direct each member to review the flow paths in the Scout Model Guideline for Positive and Negative risk for COVID-19 as well as for both Sick and Not Sick patients.

3) TO/CO present yourself as a patient (sick or not sick) and verbally have the company assess you using the flowchart.

4) TO/CO repeat process in item #3 as a walkthrough drill in an area appropriately sized with EMS kits and PPE. Ensure company uses Scout Model Guideline appropriately. This includes the elements listed in each box of the flow path appropriate to the scenario.

5) TO/CO direct company members to review with you the flow path in the guideline for Cardiac Arrest.

6) TO/CO repeat process in item #5 as a walkthrough drill in an area appropriately sized with EMS kits, PPE, and CPR mannequin. Perform a cardiac arrest scenario. Ensure company uses Scout appropriately and meets elements listed in each box of the flow path appropriate to the scenario.
COVID-19 Best Practice
Scout Model Guideline

Adopted - 3/25/2020
Revised - 3/26/2020

The scout strategy is designed to reduce the risk of COVID-19 exposure, preserve PPE, and continue to deliver the highest standard of patient care.

NO NON-ESSENTIAL PERSONNEL IN THE HOT ZONE.
Consider: BC's, MSO, Chaplain, PD. Exit civilians and public outside of hot zone with a mask for interview.

9-1-1
Dispatch Center will attempt to identify high-risk COVID-19 calls and have the patient meet EMS at door if possible.

SCOUT DONS PPE & MAKES PATIENT CONTACT*
Patient assessment at 6 feet if possible.
Patient wears mask if able.
Maintain situational awareness and line of sight with crew.
Remaining crew will remain outside the Hot Zone.

Determine COVID-19 Risk:
- Confirmed COVID-19 positive test
- Symptoms: Fever, cough, respiratory difficulty
- Known contact with COVID-19 positive person
- Recent visit to Skilled Nursing Facility

Announce over the Radio appropriate level of PPE for all incoming personnel.

Negative Risk for COVID-19
Proceed with routine patient care.

NOT SICK
- Initial Vitals
- Advise of additional needs
- If able, walk Patient to door

Mobilize additional crew with PPE to provide care as necessary.

Positive Risk for COVID-19
Sick/Not Sick

SICK
Determine resource needs and call in personnel as needed
Use minimum number of providers to safely treat and move patient.
Move to open air or well-ventilated area when possible.
Prep second Medic for needs in Medic Unit if transporting immediately

NOT SICK
- Initial Vitals
- Advise of additional needs
- If able, walk Patient to door

Mobilize additional crew with PPE to provide care as necessary.

CARDIAC ARREST
All Cardiac Arrest patients are considered High Risk due to aerosolized droplets from patient during procedures. All personnel in the hot zone need to be in full MEGG.
To minimize delay at scene, consider having anyone who can safely do so Don MEGG en route.

3 EMT's with MEGG + 2 Medics with MEGG Additional personnel outside of Hot Zone ready to deploy with MEGG.

Determine resource needs and call in personnel as needed.
Assure High Performance CPR
Keep MEGG on throughout resuscitation and transport.

*COVID PPE based on Department Policy

Transport Decisions: See Best Practice Transport Guideline
Transport Guideline

Activity

1) TO/CO Review with company the ‘Patient Assessment: Stay at Home Criteria’ in the first box of the flowchart.

2) TO/CO Present yourself as a patient to the company in scenarios meeting, the various outcomes listed on the flow paths. (1. Stay at home, 2. Uncertain, 3. Transport via Ambulance 4. Transport via Medic)

3) TO/CO Review department decontamination procedures for:
   i. At-scene  
   ii. Post transport BLS  
   iii. Post transport ALS / Clean Driver
COVID-19 Best Practice
Positive Risk Transport Guideline (Page 1 of 2)

Transport Decisions

Patient Assessment: Is the patient safe to stay home?
Criteria for staying at home: Stable vital signs, oxygen saturation ≥94%,
normal level of consciousness, age <60 in a patient who is generally healthy
(i.e. without heart or lung disease, diabetes, dialysis, or immune compromise).

YES
Patient Stays Home
Leave Aftercare Instructions
DECON SELF AND EQUIPMENT before leaving Scene

UNCERTAIN
Contact Dr. Rea (206) 255-5513

NO
TRANSPORT via AMBULANCE
CALL HOSPITAL WITH SHORT REPORT
Ensure they can accept
TRANSPORT via AID or MEDIC
CALL HOSPITAL WITH SHORT REPORT
Ensure they can accept
DECON SELF AND EQUIPMENT before leaving Scene
COMPLETE ESO Include PPE Tab

DRIVER’S DUTIES
If possible, the Driver remains in the Cold Zone so no PPE is required at scene.

Isolated Compartment
Prior to entering vehicle cab, if utilized, DOFF PPE and Disinfect Hands.

Open/Pass-Through Compartment
Prior to entering the vehicle cab, if utilized:
- Leave Mask and Eye Protection in place
- DOFF Gown, DOFF Gloves
- Disinfect hands and apply new gloves.
If no PPE used at scene, prior to entering the vehicle cab:
- DON Mask, Eye Pro, and Gloves.

VENTILATE THE VEHICLE
Turn cab fan on high (no recirculation).

TRANSPORT TO APPROVED HOSPITAL

TREATMENT DUTIES
REMAIN IN FULL PPE
TURN ON PATIENT COMPARTMENT EXHAUST FAN
CARE FOR PATIENT
COVID-19 Best Practice
Positive Risk Transport Guideline (Page 2 of 2)

- Adopted - 3/16/2020
- Revised - 4/1/2020

**DRIVER’S DUTIES (cont.)**

**TREATMENT DUTIES (cont.)**

**TRANSPORT TO APPROVED HOSPITAL**

- **PARK AT HOSPITAL**
  - Stay 10’ away from other units if possible.
- **Utilize appropriate PPE for tasks performed at the Hospital.**
- **AIR OUT VEHICLE**
  - Leave fan running while dropping off patient.

**AIR OUT REAR COMPARTMENT**
- Open all doors.

**EXIT WITH PATIENT**

**MEET HOSPITAL STAFF - TRANSFER PATIENT**

**DECON UNIT & GEAR**
- Doors Open
- In full MEGG
- Use sprayer to Decon patient compartment
- Let stand 10 minutes
- Wipe excess

**DOFF MEGG**

**COMPLETE REPORT**
- Include PPE tab
Self-Screening Guideline

Activity

1) TO/CO Review with company the Self-Screening process elements 1-7. Focused review and reinforcement of items 1 and 5.

2) TO/CO Ask crew members questions as to why this process exists, what are the benefits of full participation, and what are the risks of non-compliance.
   i. This process reduces workforce impacts, quarantine member levels, spread to family and community.
   ii. This process provides the individual member a less stressful work environment and gives members who are symptomatic “permission” to be conservative and stay home preventing others from becoming sick
   iii. The risk of non-compliance is significant percentage of members in quarantine or isolation, spreading the virus in the community and to family members at home.
COVID-19 Best Practice  
SELF-Screening Guidelines  

Adopted - 3/17/2020  
Revised - 3/17/2020

1. Recommend one dedicated entrance at stations and administration buildings. Post agency specific guidelines on how to proceed into the facility.
2. Self-screening to be conducted at the beginning of the workday, reevaluated mid-workday, and final screening prior to end of workday.
3. Employee should conduct self-screening upon entry of building, prior to entering populated areas.
4. No need for documentation, this is simply a “sick” or “not sick” evaluation tool.
5. Employees with one or more of these signs or symptoms are considered to have a communicable illness, should not be at work, and need to communicate through the proper channels.
6. Employees should follow agency specific Return to Work policies.
7. Recommend tracking sick leave and/or paid admin leave within staffing software for potential reimbursement.

FEVER WITH OR WITHOUT CHILLS  
(38C/100.4F)

UNCONTROLLABLE SECRECTIONS/EXCRETIONS RESULTING IN SNEEZING OR BLOWING NOSE DURING CARE OF PATIENT OR TALKING WITH A CO-WORKER

PROLONGED SORE THROAT

PRODUCTIVE/UNCONTROLLED COUGH
COUGH LASTING MORE THAN TWO WEEKS

INFLUENZA OR COVID-19-LIKE ILLNESS
FEVER AND COUGH, SHORTNESS OF BREATH

DIARRHEA ASSOCIATED WITH AN ACUTE ILLNESS
**Apparatus and Station Cleaning Checklists**

**Activity**

1) **TO/CO** Review with company the Apparatus Cleaning Checklist and Station Cleaning Checklist. Review and reinforcement of wearing proper PPE for processes engaged in, at minimum eyeglasses and gloves.

2) **TO/CO** Ask crew members questions as to why these processes exists, what are the benefits of full participation, and what are the risks of non-compliance.
   i. This process reduces workforce impacts, quarantine member levels, risk of spread to families and community.
   ii. The risk of non-compliance is a significant percentage of members in quarantine or isolation, spreading the virus in the community and to family members at home.

3) **TO/CO** Discuss what have been the challenges of this process and what are solutions. Discuss what else, if anything, should be added to these processes to keep members safe and consult with administration as appropriate.
COVID-19 Best Practice
Apparatus Cleaning Checklist

Adopted - 3/17/2020
Revised - 3/17/2020

Conduct twice a shift at 0800 and 1900 hours.
- Don appropriate PPE including eye protection and gloves.
- Keep apparatus doors open while cleaning.
- Remove gurney if applicable.
- Use disinfectant to clean all visible interior surfaces.

<table>
<thead>
<tr>
<th>Cleaning Instructions</th>
<th>0800</th>
<th>1900</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean and disinfect all reusable patient-care equipment including but not limited to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- BP cuff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Stethoscopes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- O₂ bottles</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 (firefighter &amp; patient compartments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Control Panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seatbelts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grab rails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Drawer and Door handles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Walls, ceilings, and cabinets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sweep vehicle floors to remove debris and mop with disinfectant. Allow for the solution to dry before reentering 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Radios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Control panel surfaces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Steering wheel and vehicle controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Seatbelts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interior door handles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Keyboards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cell phones and tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Headsets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wipe down the exterior door handles and compartment handles and other potentially contaminated areas (backboards, stair chair) with disinfectant wipes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doff all PPE using Agency protocols. Wash hands thoroughly.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 Best Practice  
Station Cleaning Checklist

Adopted - 3/19/2020  
Revised - 3/19/2020

Conduct twice per shift at 0800 and 1900 wearing appropriate PPE (gloves, eye protection).

<table>
<thead>
<tr>
<th>Cleaning Checklist Instructions</th>
<th>0800</th>
<th>1900</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Handles including:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interior/Exterior of all doors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Handrails</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Common use windows</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Light switches and bay door controls</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Office Spaces:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Phone buttons and receiver</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Keyboard and mouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Common areas including:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- TV room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remote controllers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kitchen and dining area:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Chairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oven</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Microwave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Drawer handles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Coffee pots</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bathrooms:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Faucets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Toilet levers</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dorms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Station bedding (pillows, blankets, covers, mattress pads, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Side tables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lamp switches</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laundry machines and extractors</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Guidelines for Returning to Work

Activity

1) TO/CO Review with company the usage of the “Guidelines for Return to Work” for both “CONFIRMED EXPOSURE” and “NO DOCUMENTED EXPOSURE” in your department.

2) TO/CO Direct members to review with you the flow paths in the guideline for both Confirmed Exposure and No Documented Exposure highlighting Symptomatic + positive test / negative test. Repeat process for Asymptomatic highlighting time periods from exposure as appropriate.

3) TO/CO Present yourself as a member who has had a confirmed exposure and is symptomatic, asymptomatic and verbally have the company guide you following the flow path. Repeat process for no documented exposure / symptomatic for positive test and negative test results.
COVID-19 Exposure
Guidelines for Return to Work
CONFIRMED EXPOSURE

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

Each day on surveillance: Any symptoms?

Symptomatic
1. Transition from Quarantine to Isolation
2. Obtain COVID-19 testing

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

NO → Isolation

YES → 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

NO → Quarantine

YES → Return To Work
IF: 14+ days past exposure

Asymptomatic

Have 14 days passed since exposure?

NO → Quarantine

YES → Return To Work
IF: 14+ days past exposure AND
(2) 24+ hours symptom free

Return To Work
IF: (1) 14+ days past symptom onset AND
(2) Fever resolved for 72+ hours AND
(3) All symptoms resolved

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

Version 3.1
Updated 03-28-2020
Adapted from WA DOH
COVID-19 Exposure Guidelines for Return to Work

**NO DOCUMENTED EXPOSURE**

No Documented Exposure to Known COVID-19 Person
- Monitor symptoms

---

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

  - **Testing obtained**
  - **Testing NOT obtained**

    **COVID-19 Positive**
    - Have 14 days passed from symptom onset?
      - NO → **Isolation**
      - YES → **Return To Work**
        - IF: 14+ days past symptom onset AND
          - (2) Fever resolved for 72+ hours AND
          - (3) All symptoms resolved

    **COVID-19 Negative**
    - Have symptoms resolved at home?
      - NO → **Quarantine**
        - Have symptoms resolved for AT LEAST 72 hours?
          - NO → **Quarantine**
          - YES → **Return To Work**
            - IF: 72+ hours symptom free
            - Per routine wellness and return following illness

---

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

---

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

*Updated 03-28-2020
Adapted from WA DOH*
Social Distancing Guidelines on Shift

Activity

1) TO/CO Review with company the application of the “Social Distancing Guidelines” in your department/their station.

2) TO/CO Direct members to review with you the (4) basic elements in the document:
   1. Station,
   2. Medical Response,
   3. Fireground & Training,

3) TO/CO Present yourself as a member who has been gone since February and have them explain how they are following these guidelines and what the shift will be like following these guidelines.
COVID-19 Best Practice
Social Distancing Guidelines

Adopted - 3/18/2020
Revised - 4/6/2020

This document provides guidance to reduce the spread of COVID-19 among members. All members should practice these term-limited actions during non-response work-related activities.

**STATION**
- Remain six feet apart whenever possible.
- Recommended wearing agency provided facemask to assist with social distancing.
- Minimize physical contact. Avoid hugging and shaking hands.
- Choose designated seating arrangements for the entire shift.
- Assume that decon has not occurred. Clean before use. Clean after use.

**FIREFIELD & TRAINING**
- On AFA's at high-risk environments (i.e. care facilities) follow agency specific operational guidelines for turnout gear/SCBA/post-event decon.
- Recommend wearing agency provided facemask when in public and riding in apparatus.
- Do not share tools or equipment without gloves on.
- Limit audience of debriefings to Company Officers. Have them relay information to the crews.
- During staging and debriefings, remain six feet apart.

**FOOD & MEAL TIME**
- Do not leave or accept leftovers from shift to shift.
- Bring food from home as much as possible.
- Recommended wearing agency provided facemask if grocery shopping or getting takeout, limit to one crew member or remain six feet apart when inside establishments.
- Do not prepare meals together.
- Eat separately.

**SHIFT CHANGE**
- Off-going crew responsible for decon of station and takes personal effects to their vehicle prior to shift change.
- On-coming crew and outgoing crew meet in apparatus bay where shift change can occur.
COVID-19 Facts & Information (Trifold)

Activity

1) TO/CO Review with company the application/field use of the “COVID-19 Facts & Information tri-fold” in your department.

2) TO/CO Direct members to review with you the (6) basic elements in the document “what if I’m sick?”
   1. Stay home except to get care
   2. Separate yourself from others
   3. Wear a mask
   4. Cover coughs
   5. Clean your hands
   6. Monitor symptoms

3) TO/CO Present yourself as a member who has been gone since February and have them explain how they are use this document in the field and strategies to calm and reassure patients.
WHAT IS COVID-19?
Coronavirus (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 was first identified during an investigation into an outbreak in Wuhan, China.

WHO IS HIGH RISK?
• Older Adults (60+)
• People who are pregnant
• People with weakened immune systems
• People with underlying health conditions like:
  • Heart Disease
  • Diabetes
  • Lung Disease

WHAT ARE THE SYMPTOMS?
People who have been diagnosed with COVID-19 have reported symptoms that may appear in as few as two days or as long as 14 days after exposure.

SHOULD I GO TO THE DOCTOR?
If you have any of the conditions that may increase your risk for a serious viral infection (age 60 years or over, are pregnant, or have medical conditions), call your physician’s office and ask if you need to be evaluated in person. They may want to monitor your health more closely or test you for influenza.

If you do not have a high-risk condition and your symptoms are mild, you do not need to be evaluated in person and do not need to be tested for COVID-19. There are currently no medications to treat COVID-19.

WHAT IF I AM SICK?
Stay home, except to get medical care.
Cover coughs and sneezes.
Separate yourself from people and animals in your home.
Clean hands and "high touch" surfaces often. Avoid touching your face.
Wear a face mask around others or before entering a health care provider’s office.
Monitor your symptoms.

Misinformation about COVID-19 can create fear and hostility, which makes it harder to keep everyone healthy.
Take advantage of the resources listed to prevent, interrupt, and respond to rumors.

STAY INFORMED
Public Health - Seattle & King County
www.kingcounty.gov/covid
King County COVID-19 Call Center
Open 8 AM to 7 PM PST
(206) 477-3977

WA State Novel Coronavirus Call Center
For general questions about COVID-19
(800) 525-0127

WA Department of Health
www.doh.wa.gov
COVID-19 Call Center
Open 6 AM to 10 PM
(800) 525-0127

Centers for Disease Control (CDC)
www.cdc.gov
(800) 232-4636

Washington Relay
Deaf or hard of hearing customers
Call 711

Eastside Fire & Rescue
www.eastsidefire-rescue.org

If you believe you are experiencing life-threatening symptoms, call 9-1-1

COVID-19 FACTS & INFORMATION
COVID-19 Discussion Scenarios

Activity

1) TO/CO Review with company these scenarios and how they would be handled in your department.

2) TO/CO Direct individual members to share their answers then arrive at the best actions to take.

Scenario-1:
You are dispatched with medics to a patient that fell down some stairs.

Q. How would your crew respond?

Possible answers:
• 1 member to scout in full PPE
• Other 2 members standing by, within line of sight and or voice if possible

TO/CO - Emphasis
• Provide good patient care
• Safety of members
• Use only enough PPE as necessary to manage incident
• Provide updates to other units =- PPE needed
• How would this be different for a CPR call? For an MVA?

Scenario-2:
Equipment on a medic response

Q. What can you do when responding with Medics to keep equipment clean and reduce member exposures?

Possible Answers:
• Set a 'hot zone' around the patient (6 feet)
• No equipment in hot zone that can't be deconned
• Choose a 'clean firefighter' (not involved in patient care) for retrieving equipment
• Establish an area for contaminated equipment and garbage

TO/CO - Emphasis
• prevent cross-contamination
• safety of members
• reduce need for equipment Decon after alarm
King County EMS online – Directives Link

https://www.emsonline.net/Announcements/Infectious-Disease-Safety-Procedures.aspx
True/False Quiz

1. The Scout shall wear MEGG on a Cardiac Arrest. T or F
2. The BC and MSO are considered non-essential personnel in the Scout Guideline. T or F
3. Dr. Rea must be contacted first before leaving any patient at home. T or F
4. Self-Screening helps us have a healthier workforce. T or F
5. You need to have two or more symptoms to be considered having a communicable Illness. T or F
6. The minimum PPE for cleaning apparatus is glasses and gloves. T or F
7. You need a documented exposure in order to get tested. T or F
8. Each member should designate a chair at the dining table for the entire shift. T or F
9. High Risk COVID-19 Patients include: Heart Disease, Diabetes and Lung Disease. T or F
10. Crews should limit trips to the store by leaving left over food for the oncoming shift. T or F
Answer Key

1. T – Scout Model Guideline
2. T – Scout Model Guideline
3. F – Transport Guideline
4. T – Self-Screening Guidelines
5. F—Self-Screening Guidelines
6. T – Apparatus Cleaning Checklist
7. F – Guidelines for Return to Work—No Documented Exposure
8. T – Social Distancing Guidelines
9. T – Leave at home Trifold
10. F – Social Distancing Guidelines