

King County COVID-19 Training Packet Zones 1 & 3



Table of Contents

Training Officer/Company Officer Instructions.....	2
PPE Levels (section / review)	3
HEPA Filters Placement (section / review).....	4
Scout Model Guideline	7
Transport Guidelines	9
Patient Handoff at Hospital Guideline	10
Self-Screening Guideline.....	15
Apparatus and Station Cleaning Guidelines.....	17
Return to Work Guidelines.....	20
Social Distancing Guideline.....	23
No Transport: Informational Trifold	25
PEER Support (section / review)	27
Scenarios.....	28
Dashboard Information.....	29
EMS-Online Directives.....	29
True/False Quiz.....	30

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, Chair Zone 1 Ops

Training Officer/Company Officer Training Packet Delivery Instructions

Condition

Given the Zone 1 & 3 Training Packet and appropriate space (classroom/meeting room/kitchen table), CPR mannequin, EMS kits, computer, and writing utensils for 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.

How to use this packet:

This training has been developed using the input of members from around King County. The focus is reinforcement of the knowledge, skills and abilities needed to respond safely during the COVID19 outbreak. This packet contains new and updated guidelines for response. The packet also contains guidelines focused on keeping the members workplace as safe as possible. Keeping members as healthy as possible allows us all to provide the best service to the residents of our respective departments.

This packet references outside websites and videos and access to them during the training is needed. The provision of training is best done with training aides and equipment. The process is intended to be interactive and lead by the Training Officer (TO) or Company Officer (CO).

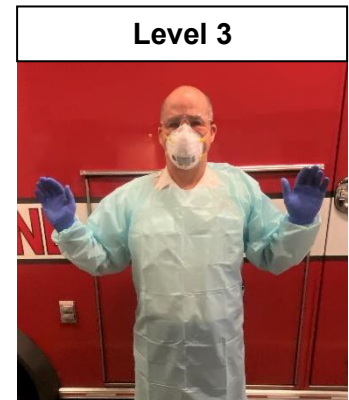
The amount of benefit this training has to the member is directly influenced by the participation level of the members being trained. Members and TO's – CO's should actively participate in scenarios, question and answer sessions, manipulative skills review and the written test to achieve the best results.

Responder PPE Levels

Responders throughout King County should be as uniform as is possible in selecting the level of appropriate PPE when responding to incidents during the COVID19 outbreak. The smallest amount of PPE consumption that provides safety to the members on scene and that complies with guidelines should be used. The levels in this training are a compliment to the existing training members have received regarding MEGG. **Please reference the PPE Levels when assigning roles at EMS scenes.**

Activity

- 1- TO/CO Review the levels identified in this training with members
- 2- TO/CO Quiz members on what situations levels 3,2,1 would be acceptable during the COVID19 outbreak.
- 3- TO/CO Review why reducing unnecessary consumption is in the best interest of members and the communities we serve
- 4- TO/CO Illustrate to members that use of levels in communications is the clearest way to communicate with responding members what PPE is appropriate, preventing possible accidental exposures.
 - Responders will define PPE levels to be consistent with regional partners:
 - **Level 1:** Eye protection and Gloves **(not used during the COVID19 outbreak)**
 - **Level 2:** Mask, Eye protection and Gloves
 - **Level 3:** Mask, Eye protection, Gowns and Gloves (Full MEGG)



Emergency Responses

- Scout members and subsequently all members in hot zone (within 6 feet of patient) will be at **Level 3.**
- All other members will be at **Level 2** (not within 6 feet)
- 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.

HEPA Filter Placement

The correct placement of the HEPA filter is necessary for the filter to protect members and other at emergency scenes.

Activity

- 1- TO/CO Review the assembly of the BVM to include the HEPA filter and a mask and a ET Tube with entitle CO2 attachment.
- 2- TO/CO Reinforce that the HEPA filter is placed as close to the patient as possible in either configuration.
- 3- TO/CO Quiz members on possible places to put the HEPA filter but emphasize only one provides best protection to the members and others at the scene.
- 4- TO/CO Have members assemble the BVM with HEPA filter in appropriate place for both assisting respirations with a mask and CPR with ET tube.
- 5- TO/CO Reinforce that face seal with mask must transition to seal with ET as seamlessly as possible. This protects members and others on scene as much as is possible.

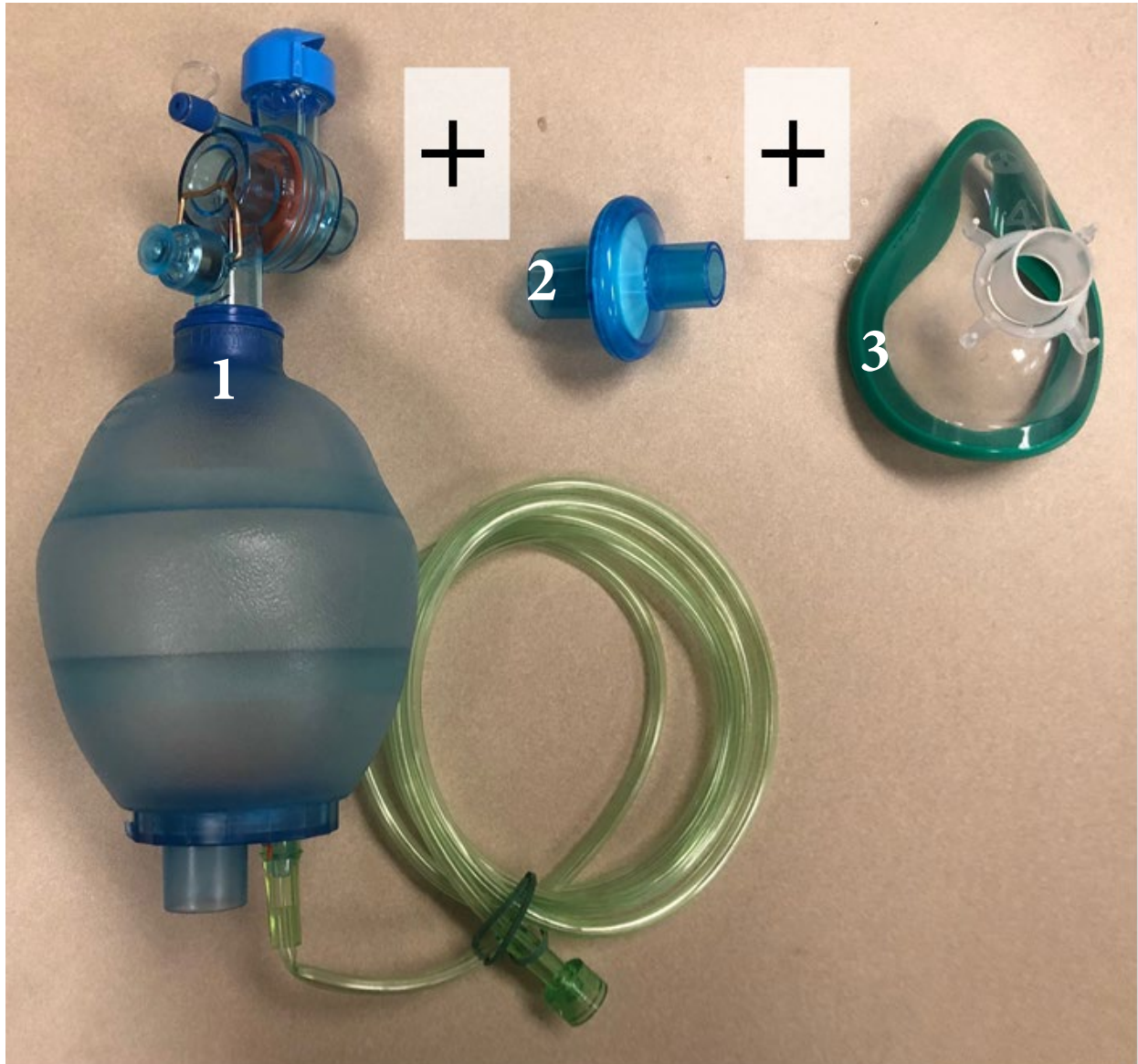
HEPA Filters are to be used during aerosolized particulate generating procedures such as:

- Nebulizer treatment
- Assisting breathing of a patient
- Cardiac Arrest

Oxygen delivery devices must be assembled correctly for HEPA filter to protect the members present. Please observe the image contained and review where the filter goes.

BVM / Assisting respirations

HEPA filters either connect to the mask or the ET Tube.

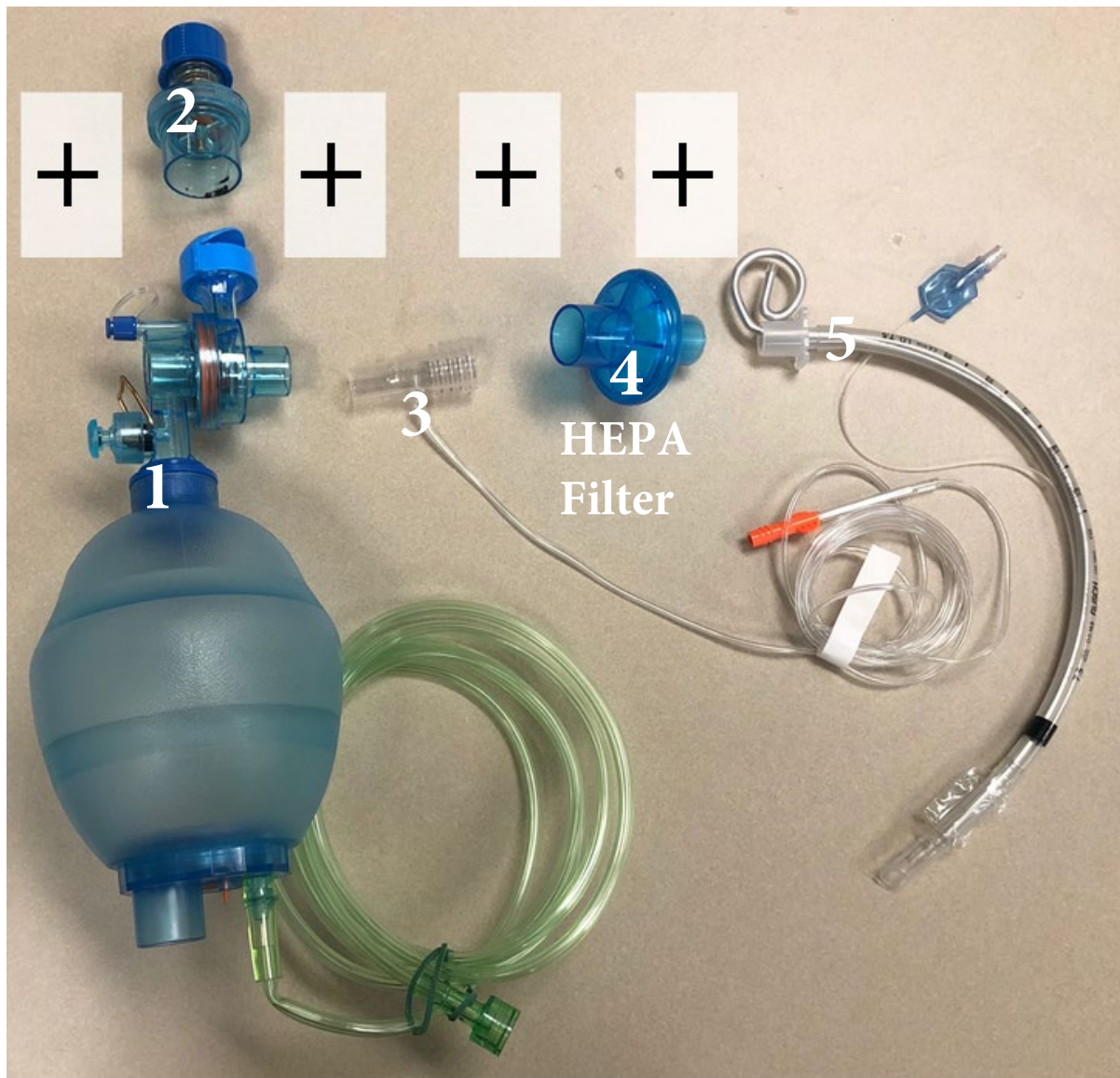


BVM (Assisted Respirations)

1. Place Filter between bag and mask.
2. Remember: Maintain constant seal with the patients face to protect members from aerosolized virus.
3. Adjust oxygen flow rate to meet patient needs.

Cardiac Arrest / CPR / Intubated Patients

HEPA filters either connect to the mask or the ET Tube.



Remember: HEPA Filter is placed as close to patient as possible

Scout Model Guideline

FIND VIDEO LINKS HERE

Review:

BLS - Live

ALS - Live

BLS - Animated

ALS – Animated

CPR - Live

Activity

- 1) TO/CO Review with company members the videos for Scout Model BLS / ALS and Cardiac Arrest.
- 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.



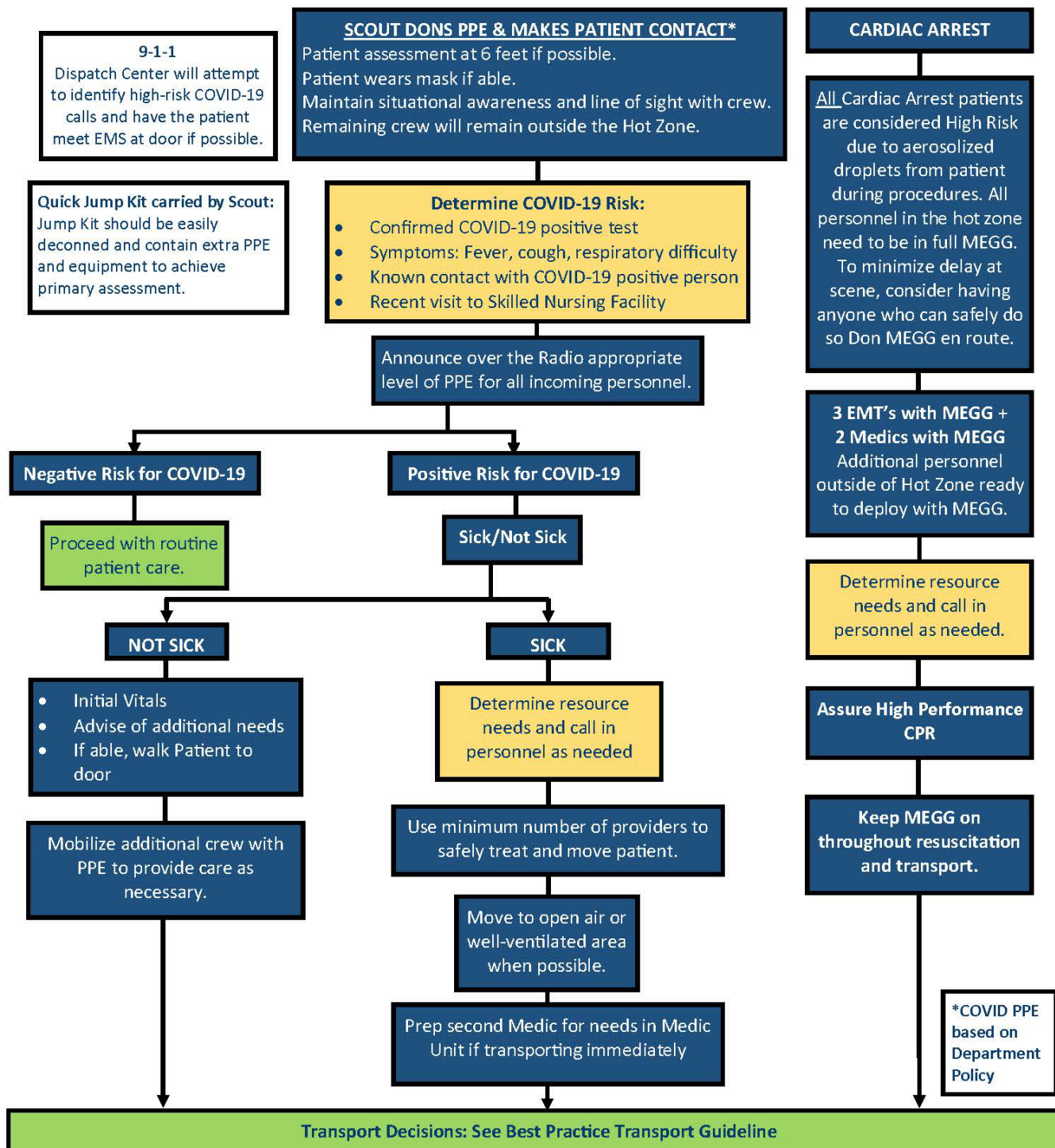
COVID-19 Best Practice Scout Model Guideline

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.

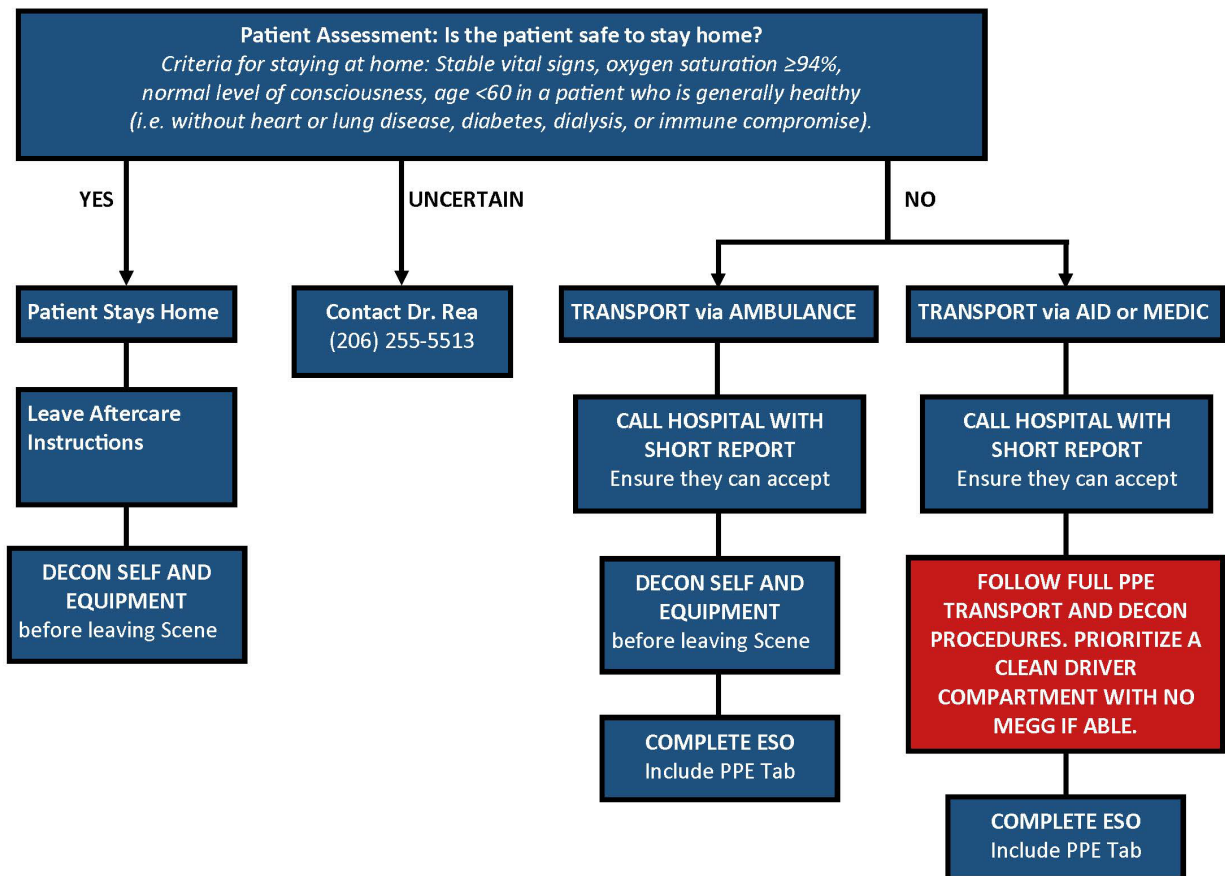
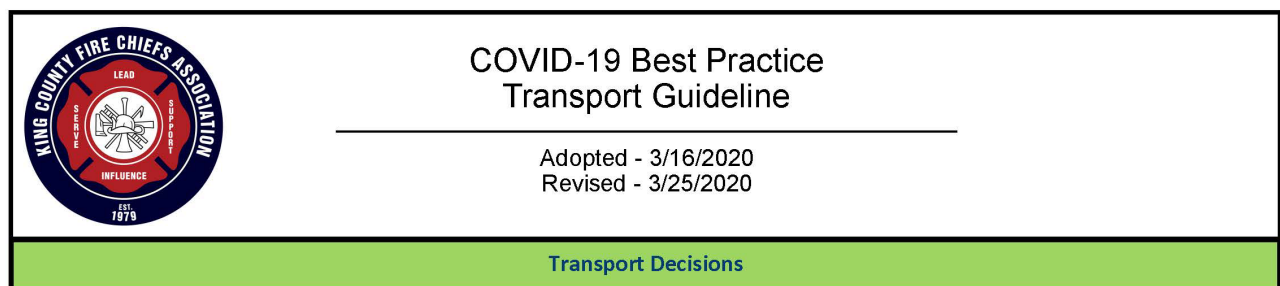
Consider: BC's, MSO, Chaplain, PD. Exit civilians and public outside of hot zone with a mask for interview.



Transport Guideline

Activity

- 1) TO/CO Review with company the "Patient Assessment: Is the patient safe to stay at home?" criteria in the first blue 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:
 - a. At-scene
 - b. Post transport BSL
 - c. Post transport ALS / Clean Driver



Patient Handoff at Hospital

Regional hospitals and fire departments have agreed to the attached guideline to refer to in the doffing of PPE at the hospital.

Activity

- 1- TO/CO Review guideline with members.
- 2- TO/CO Relay the purpose of this guideline is to reduce stress, confusion and misunderstanding at the hospital when delivering patients.
- 3- TO/CO Quiz members as to the appropriate way to defuse stressful situations in the hospital where a difference of opinion may occur as to when members doff their PPE
- 4- TO/CO Describe how having a copy of the guideline with the stretcher or with members can act to put all involved at ease that adopted guidelines are being followed by members



COVID-19 Best Practice EMS Patient Transfer at Emergency Departments

Adopted – 4/20/2020
Revised – 4/20/2020

Transfer of patients from EMS to Eds using the following guidelines is meant to:

- Prevent cross-contamination in hospitals,
 - Provide continued exposure protection for EMS throughout patient care,
 - Allow for consistent use of King County EMS PPE donning, doffing, and decon procedures, and
 - Prevent unnecessary use of PPE.
1. Unstable (ALS) patients **and** full PPE due to probability of COVID (see page 2):
 - a. Attempt to notify ED personnel of COVID status of patient using the Hospital Notification Checklist.
 - b. Move expeditiously into ED based on unstable nature of patient.
 - c. Exit the ED in full PPE using the same route entered.
 - d. Doff PPE outside of the hospital.
 - e. Decon personnel, equipment, and apparatus, as necessary.
 - f. Re-enter ED to complete documentation.
 - g. Move apparatus if/when ED ramp is congested to designated/safe decon area.
 2. Unstable (ALS) patients with low probability of COVID - includes partial or full PPE (see page 2):
 - a. Attempt to notify ED personnel of COVID status of patient using the Hospital Notification Checklist.
 - b. Move expeditiously into ED based on unstable nature of patient as per normal.
 - c. If full PPE, exit the ED in full PPE using the same route entered.
 3. Stable patients (BLS or ALS) **and** full PPE due to probability of COVID (see page 2):
 - a. Patient remains in apparatus with EMS.
 - b. Notify ED personnel of COVID status of patient using the Hospital Notification Checklist.
 - c. Driver invites Triage Nurse out to apparatus.
 - d. Suggest hospital bed be brought near ambulance entrance to prevent cross-contamination.
 - e. Transfer patient to hospital bed.
 - f. Exit hospital to ensure no cross-contamination.
 - g. OR If instructed to enter hospital all the way to treatment room, then exit the ED in full PPE on the same route entered.
 - h. Doff PPE outside of the hospital.
 - i. Decon personnel, equipment, and apparatus, as necessary.
 - j. Re-enter ED to complete documentation.
 - k. Move apparatus if/when ED ramp is congested.
 - l. If 15 minutes goes by with no bed, the patient is transferred to an ED supervised temporary accommodation, (e.g. foldable Army cot or a folding chair), to wait for a bed. These are stable patients. A COVID-19 suspected patient would have to wait in an isolated location.
 4. Stable patients with low probability of COVID – includes partial or full PPE (see page 2):
 - a. Enter the ED as per normal.
 - b. Notify ED personnel of COVID status of patient using the Hospital Notification Checklist.
 - c. If full PPE, exit the ED in full PPE using the same route entered.

EMS - COVID-19 HOSPITAL NOTIFICATION CHECKLIST

YES, to both questions in this box (RED) -> Advise Hospital of a HIGH probability isolation patient:

Symptoms: Has the patient had any of the following symptoms of acute respiratory infection?

- ☐ Fever (or subjective fever)
- ☐ New cough
- ☐ New shortness of breath (without alternative diagnosis)
- ☐ New onset myalgias (soreness/achiness in muscles)

Exposure: Has the patient had any of the following in the last 14 days before symptom onset?

- ☐ Close contact with, or part of, an COVID-19 illness cluster in a facility or group
- ☐ Close contact with a suspected or lab-confirmed COVID-19 case
- ☐ Healthcare worker or in a high-risk occupation (e.g. EMS, firefighter, public safety)

IF NO to all questions in this RED box proceed to next checklist.

YES, to any questions in this box (YELLOW) -> Advise Hospital of a MEDIUM probability isolation patient:

- ☐ Cough
- ☐ Runny nose
- ☐ Sore throat

IF NO to all questions in this YELLOW box proceed to next box.

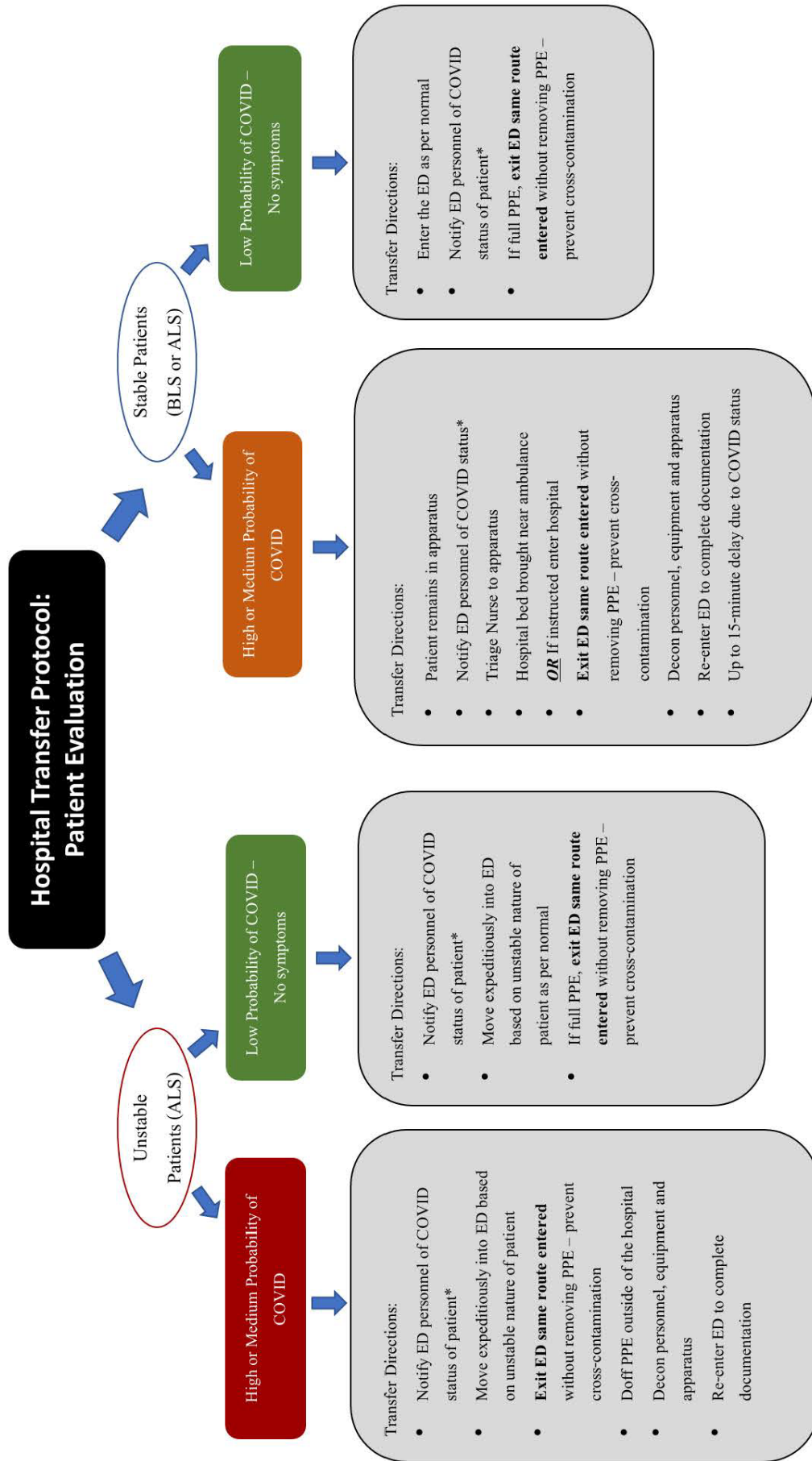
IF NO to ALL RED and YELLOW box questions -> Advise Hospital of a LOW probability isolation patient



COVID-19 Best Practice Hospital Transfer Protocol

Adopted - 3-23-2020
Revised - 3-26-2020

Unstable Patients (ALS): Full PPE due to High or Medium Probability of COVID	<ul style="list-style-type: none"> • Notify ED personnel of COVID status of patient* • Move expeditiously into ED based on unstable nature of patient • Exit the ED along the same route entered without removing PPE – prevent cross-contamination • Doff PPE outside of the hospital • Decon personnel, equipment and apparatus • Re-enter ED to complete documentation • Move apparatus if/when ED ramp is congested
Unstable Patients (ALS): Low Probability of COVID – Partial or Full PPE due to initial exam	<ul style="list-style-type: none"> • Notify ED personnel of COVID status of patient* • Move expeditiously into ED based on unstable nature of patient as per normal • If full PPE, exit ED along the same route entered without removing PPE – prevent cross-contamination
Stable Patients (BLS or ALS): Full PPE due to High or Medium Probability of COVID	<ul style="list-style-type: none"> • Patient remains in apparatus • Notify ED personnel of COVID status* • Triage Nurse to apparatus • Hospital bed brought near ambulance • OR If instructed enter hospital • Exit ED along the same route entered without removing PPE – prevent cross-contamination • Decon personnel, equipment and apparatus • Re-enter ED to complete documentation • Move apparatus if/when ED ramp is congested • Up to 15 minute delay due to COVID status
Stable Patients (BLS or ALS): Low Probability of COVID – Partial or Full PPE due to initial exam	<ul style="list-style-type: none"> • Enter the ED as per normal • Notify ED personnel of COVID status of patient* • If full PPE, exit ED along the same route entered without removing PPE – prevent cross-contamination



Self-Screening Guideline

Video Link [Here](#)

Activity

- 1) TO/CO Review with company members the Self-Screening process elements 1-7. Focused review and reinforcement of items 1 and 5.
- 2) TO/CO Ask 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.
 - iv. **Stress that the relatively low rates of diagnosis in members is in part due to the implementation of these measures**
 - v. **Stress that the cough symptom portion has changed to 1 day of symptoms.**



COVID-19 Best Practice SELF-SCREENING GUIDELINES

Adopted - 3/17/2020
Revised - 4/13/2020

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



PROLONGED SORE THROAT



ANY NEW COUGH
LASTING MORE THAN A DAY



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



DIARRHEA ASSOCIATED WITH AN ACUTE ILLNESS

Apparatus and Station Cleaning Checklists

Video Links [Here](#)

Activity

- 1) TO/CO Review with company the Apparatus Cleaning Checklist and Station Cleaning Checklists and videos. 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 exist, what are the benefits of full participation, and what are the risks of non-compliance.

This process reduces workforce impacts, quarantine member levels, risk of spread to families and community.

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.

Stress that the relatively low rates of diagnosis in members is in part due to the implementation of these measures

- 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.

Cleaning Instructions	0800	1900
Clean and disinfect all reusable patient-care equipment including but not limited to: <ul style="list-style-type: none"> • BP cuff • Stethoscopes • O₂ bottles 		
Clean and disinfect Scott air pack MMRs if applicable.		
Clean and disinfect the interior (firefighter & patient compartments) <ul style="list-style-type: none"> • Control Panel • Seatbelts • Grab rails • Drawer and Door handles • Walls, ceilings, and cabinets 		
Sweep vehicle floors to remove debris and mop with disinfectant. Allow for the solution to dry before reentering to continue the decontamination process.		
Clean and disinfect surfaces on the interior of the driver's compartment: <ul style="list-style-type: none"> • Radios • Control panel surfaces • Steering wheel and vehicle controls • Seatbelts • Interior door handles • Keyboards • Cell phones and tablets • Headsets 		
Wipe down the exterior door handles and compartment handles and other potentially contaminated areas (backboards, stair chair) with disinfectant wipes.		
Doff all PPE using Agency protocols. Wash hands thoroughly.		



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).

Cleaning Checklist Instructions	0800	1900
Handles including: <ul style="list-style-type: none"> • Interior/Exterior of all doors • Handrails • Common use windows 		
Light switches and bay door controls		
Office Spaces: <ul style="list-style-type: none"> • Phone buttons and receiver • Desk • Keyboard and mouse • Chairs 		
Common areas including: <ul style="list-style-type: none"> • TV room • Chairs • Remote controllers 		
Kitchen and dining area: <ul style="list-style-type: none"> • Chairs • Fridge • Oven • Microwave • Drawer handles • Coffee pots 		
Bathrooms <ul style="list-style-type: none"> • Faucets • Toilet levers 		
Dorms <ul style="list-style-type: none"> • Station bedding (pillows, blankets, covers, mattress pads, etc.) • Side tables • Lamp switches 		
Laundry machines and extractors		

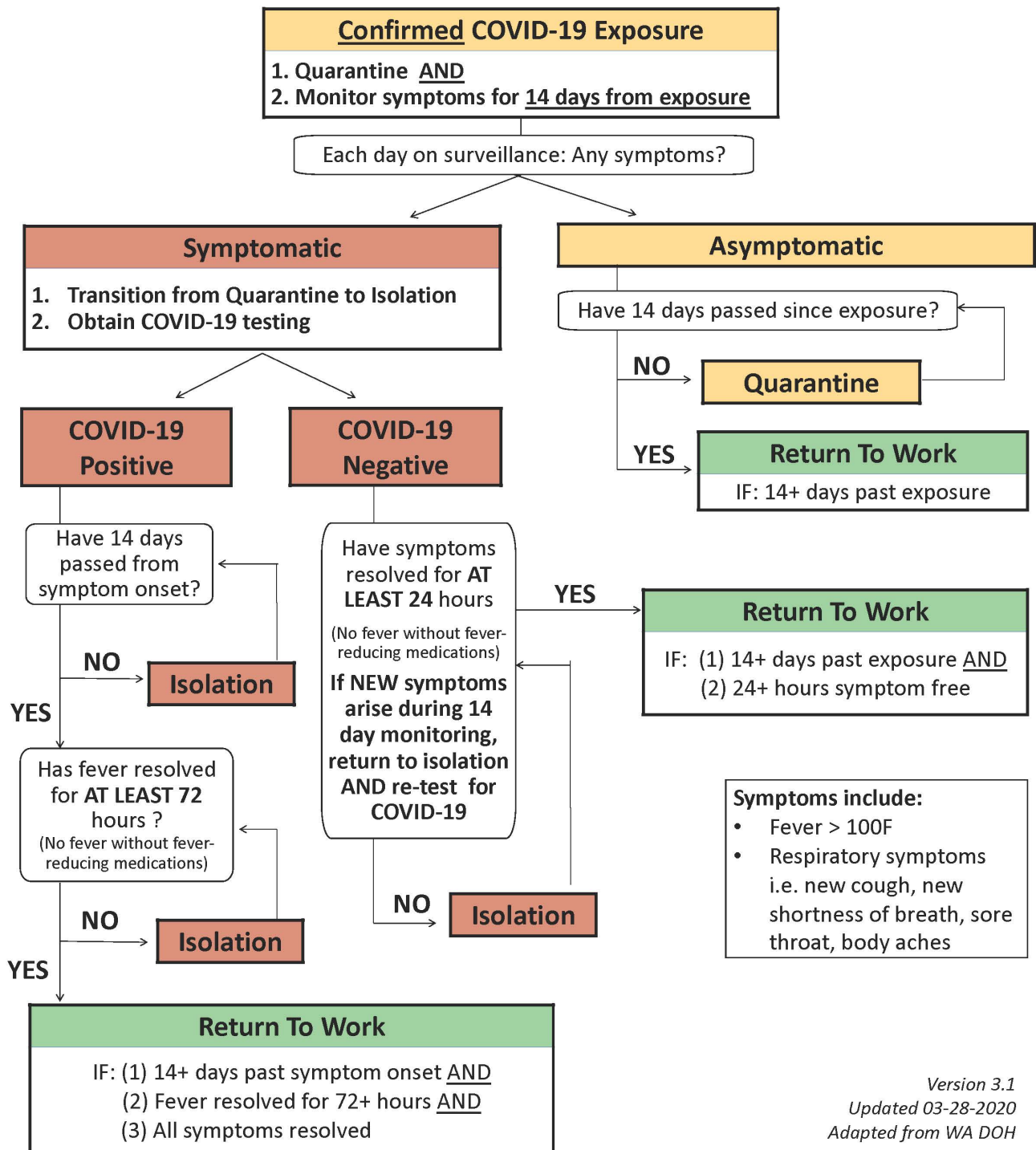
Guidelines for Returning to Work

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**

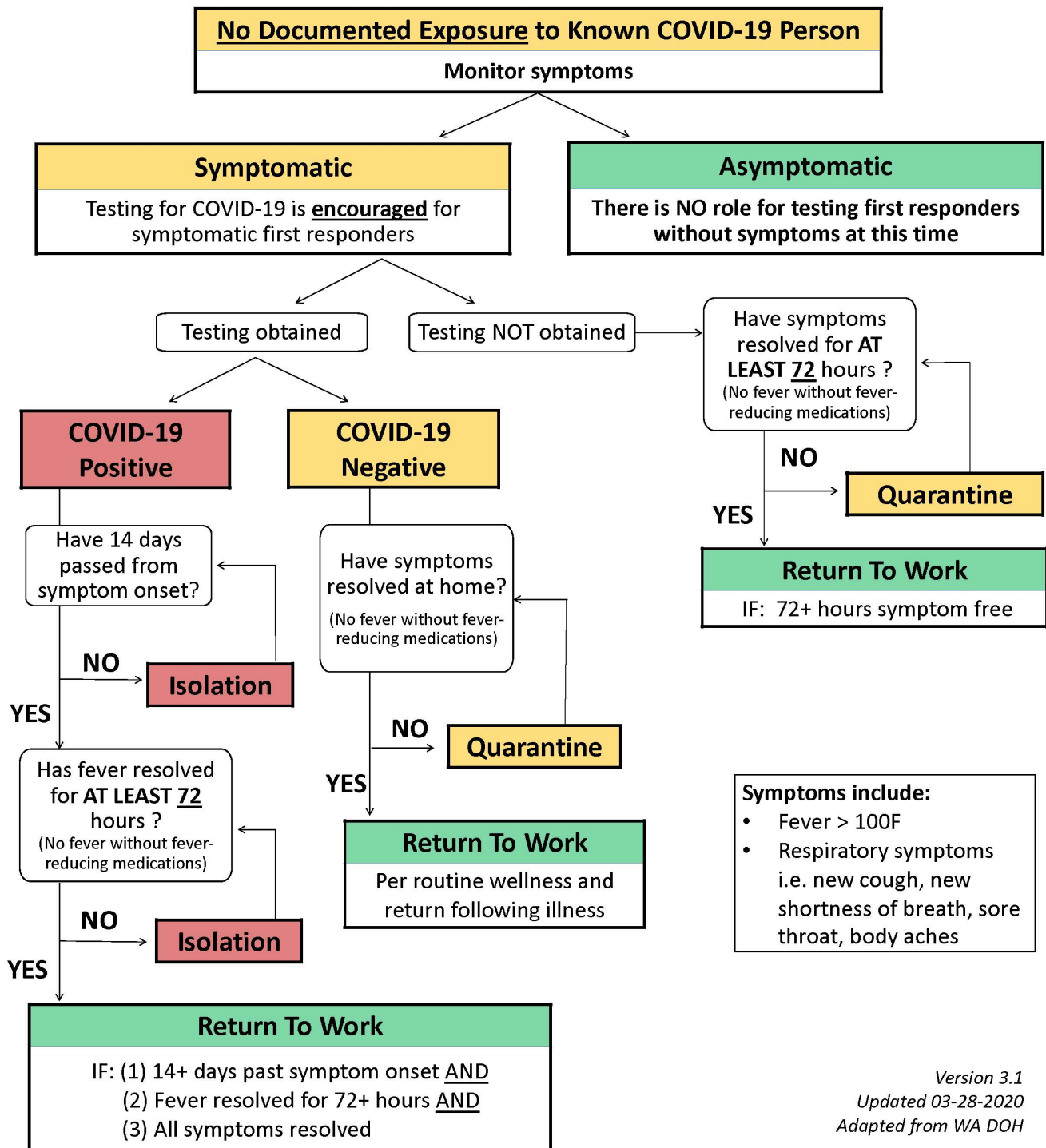


Version 3.1
Updated 03-28-2020
Adapted from WA DOH



COVID-19 Exposure Guidelines for Return to Work

NO DOCUMENTED EXPOSURE



Social Distancing Guidelines on Shift

Video Link [Here](#)

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,
 4. Food & Meal-time etiquette.
- 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.
- 4) TO/CO Stress that the relatively low rates of diagnosis in members is in part due to the implementation of these measures



COVID-19 Best Practice Social Distancing Guidelines

Adopted - 3/18/2020
Revised - 4/06/2020

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.



FIREGROUND & TRAINING

- On AFAs 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

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) 232-4363

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

WHAT ARE THE SYMPTOMS?

Fever



Cough



Difficulty breathing



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 facemask 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.

COVID-19 FACTS & INFORMATION



Peer Support Team / Employee Assistance

Activity

Each departments Peer Support Team contact as well as regional contacts should reviewed with members. Employee Assistance Programs and contact(s) should also be provided. Any other services or policies should be provided and reviewed.

- 1- TO/CO Provide members with departments policy, contact number or procedure for PEER Support, employee assistance or other resource.
- 2- TO/CO Review that those who have gone through isolation or quarantine have encountered stress from the process and stress from the impacts to the members family and home life.
- 3- TO/CO Review that members should be aware not only of their own impacts and needs but also these impacts to other members and to family members
- 4- TO/CO These impacts are normal and to be expected. Resources are available to the members to assist in this time.

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 crashed on their bike.

Q. How would your crew respond?

Possible answers:

- 1 member - **Scout in full MEGG (Level 3)**
- 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 Level 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 cannot 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

Scenario-3:

You respond to an interior hallway multifamily building for an automatic fire alarm. The alarm company indicates that a pull station has been activated on floor 4. On the way to the call you are informed that an RP has stated children activated the alarm, there is no fire.

Q. What if any precautions would the members on that engine take when entering the building?

Q. What hazards if any are present that members should consider?

Q. If members take any precautions how should they communicate to those residents of the building as to their actions?

Possible answers:

- Members should wear masks, eyeglasses and gloves if department policy allows once a fire situation has been ruled out.
- Members should explain to resident that the actions they are taking protect the members and the resident from any possible exposure.
- Surfaces such as door handles, railings and alarm panels are potential sources of transmission and therefore gloves should be worn.

TO/CO emphasis:

- Take precautions and do not let your guard down because the response is not medical in nature.

PHSKC COVID-19 Outbreak Summary - Dashboard Link

[HERE](#)

King County EMS online – Directives Link

[HERE](#)

King County Fire Chiefs Association COVID19 Site -Link

[HERE](#)

Written Test Document

True/False Quiz

- | | |
|---|--------|
| 1. The Scout shall wear Full MEGG / Level 3 PPE to all chest pain calls. | 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 guideline states members can have a cough for up to 7 days. | T or F |
| 5. You need to have two or more symptoms to be considered as having a communicable illness. | T or F |
| 6. The minimum PPE for cleaning apparatus is glasses and gloves. | T or F |
| 7. You must have a documented exposure in order to get tested for COVID19. | T or F |
| 8. Each member should designate a chair at the dining table for the entire shift. | T or F |
| 9. Level 1 PPE is appropriate for simple BLS calls. | T or F |
| 10. HEPA filters are only necessary on suspected COVID19 calls. | T or F |

Minimum passing score of 80% required - Re-test until passing score is achieved.

Answer Key

1. T – Scout Model Guideline
2. T – Scout Model Guideline
3. F – Transport Guideline
4. F – 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. F- Levels of PPE section
10. F – HEPA filter section