



CHIEF'S REPORT

Date: April 5, 2020

To: Board of Directors

From: Michael S. Schwartz, Fire Chief

Chief's View

Today is day 21 of the COVID hostage crisis. On March 13, the District took COVID-19 initiating actions and has been updating our directives daily. We assigned an Incident Management Team (IMT) to manage the COVID-19 response and I'm humbly serving as the (IMT's) Incident Commander. For many of the details please see our Incident Action plan (IAP) and District Directives included in Memo's #20-29 and #20-30 which get updated regularly.

COVID 19

- Began in Wuhan China in 2019
- January 14, 2020 first case in the USA
- March 2nd first case in Placer County
- March 4th 1st COVID Death in the USA, Placer County, CA.
- March 13th District's initial actions
- March 17th District released memo #20-26 Interim COVID-19 guidance.
- March 17th District initiated an Incident Management Team (IMT)
- March 25th IMT released the IAP and corresponding Memorandums, #20-29 Station Directives and #20-30 Incident Directives. Subsequently updated several times to meet updated guideline.

Its intensity increasing, the perimeter enlarging with civilian and firefighter casualties continuing to climb, but this time it is not from one of our western wildfires. COVID-19 has been called an invisible wildfire. Since it first arrived in the USA, it has continued to spread like a wind-driven wildfire. The challenge being, we must mitigate it more like a hazmat than a brush fire; isolate, deny entry and treat casualties while protecting the health and safety of first responders. Every day following March 13, 2020, has been consumed with battling COVID-19, and the spread of the Corona Virus pandemic. "Each day we awaken to a new world", shaped by COVID-19, our country, state, county, communities and our fire districts changed forever by this incident. The impacts are being felt throughout our communities, by our neighbors, friends, and families. Most of our spring projects, grants, legislation and activities are all paused while we fight this invasive virus with the help of our community. As a community we will come out of this #StrongerTogether.



On the frontlines locally are the men and women of North Tahoe and Meeks Bay Fire Protection Districts. They have sworn to protect and serve our communities from all enemies, both foreign and domestic, putting themselves and their families at risk; I'm proud of them, and proud to serve along with them and all the first responders across our nation as we continue aggressive combat against COVID-19. While this pandemic and our response is challenging every aspect of our operation, because we are an agile and resilient organization, I expect us to emerge from this challenge healthy and poised for this year's fire season. Regardless of COVID-19 and all its social impacts, fire season is coming and we better be prepared. In this month's report I outline many of these impacts, our preparedness and response initiatives, but most importantly, why I believe we will emerge from this a better version of ourselves.

Administrative and Fiscal

(IMT) Finance Section Chief, Kim Eason

Due to our investments in the Priority Driven Budget system (PDB) and into our Administrative Division we enter this crisis with greater fiscal resources; both Districts have increased financial reserve balances, rigorous cashflow controls and more sophisticated fiscal management than we had during the 2008 Great Recession. We have curbed discretionary spending and increased cashflow controls that facilitate retaining cash available for unforeseen COVID operational needs. The District is doing fiscal modeling to evaluate COVID-19's residual economic impacts to the District(s). Depending on the economic recovery timeline our revenue projections for 2020/2021 are stable. NTF anticipates some revenue declines from EMS transport revenue and the probability of some payment delays related to economic and human factors, neither which should impact our operations.

On March 13, 2020, the President triggered assistance under FEMA Public Assistance, Category B Emergency Protective Measures (FEMA-4482-DR-CA), we are registered eligible entities in both El Dorado and Placer Counties. Expenses related to the District(s) COVID-19 response are being tracked; personnel-time, lost-time and extra-hours paid may all be reimbursable. Bio-Personal Protection Equipment (PPE) for our personnel, equipment, furnishings and modifications to both facilities and apparatus may also be reimbursable under FEMA-4482-DR-CA. The Districts are required to have CALOES-130 resolutions on file.

All the while the team is maintaining communications with our customers (internal and external) and continuity of our day to day governmental, administrative, fiscal and human relations activities. Great job! Kim, Shawn, Gordana, Kelly, Blanca.

Fire and Life Safety (Fire Prevention) Fuels Facilities

(IMT) Logistics Section Chief, Steve McNamara

The District closed all its facilities to outside visitors which had an immediate impact on our Fire and Life Safety team. The team efficiently retooled their building-plan's reviews, they built a system to facilitate reviewing and returning plans that had been submitted. The District accelerated purchasing an e-plans check table and software enabling the inspectors to complete electronic plan reviews. To accompany this virtual building plans, review process is an electronic payment process and, coming soon, a virtual storefront. Other than critical infrastructure inspections, most routine inspections have been suspended which created a backlog of pending request. The Prevention Team has been preparing a process to reinstate inspections in an organized manner that prioritizes the inspections based on essential needs while providing for

the protection of the health and safety of our frontline inspectors. The team has developed a comprehensive protocol for how and when each type of inspection will be conducted.

While the bureau has been retooling its entire operation to function within this biological pandemic environment, the inspectors, along with key line-staff, have been assisting Division Chief McNamara within the Logistics Section. Personnel for all the Divisions working as one team in supporting staff, picking up critical supplies, PPE and equipment. The Team provides a daily inventory of all PPE, compares the supply chains stock and delivery dates to the District's PPE burn rate to ensure we have adequate supplies on hand. They are also investigating modern decontamination equipment, alternative cleaning supplies and bio-test equipment for integration into our COVID-19 response.

Under, albeit, difficult conditions our Facilities Coordinator has been working stealthily behind the scenes to keep our facilities maintained and making modifications to facilities and furnishings in support of our COVID-19 response. If it had not been for the Boards' support of the remodels to both the Meeks Bay Fire Station and the Homewood Fire Station, neither facility would have been habitable by firefighters, and thus would have been closed throughout this outbreak!

Operations and Fleet

(IMT) Operations Division Chief, Steve Leighton

The focus of Operations has been keeping our fire stations adequately staffed with the appropriate number of qualified personnel. Ensuring that they have the best equipment, protective gear and training available to do their jobs in a safe and efficient manner to provide emergency services to our communities. Since March 13th the Districts have seen a sharp decline in total calls for service, this is due to the Governor's Executive Orders closing businesses and citizens sheltering in place. However, we have continued to have calls, many with high-acuity levels, for which the crews have managed effectively. The Operations team has been meeting daily to evaluate the ratio of personnel out-on-sick leave (OOS) vs. those within the return to work (RTW) process. They are working closely with our occupational health contractor, Tahoe Forest Hospital, who has been providing screening of any personnel returning from travel, leave time, sick and exposures; with a special shout out to the Director Susan McMullen RN for her long hours and dedication to our health. The team in conjunction with our labor group have developed a draw down plan to ensure continuity of services which focuses on staffing reductions and station closures should our OOS vs. RTW dramatically increase. Our mutual aid partners have all pledged to assist each other with station staffing and equipment should one agency get hit harder than another. North Tahoe Fire Station 55 in Carnelian Bay and Truckee Fire Station 98 Serene Lakes have both been designated as regional firefighter/personnel quarantine stations. Currently it appears we have plateaued and our RTW's are outpacing OOS, hopefully leading us away from more drastic measures; however, vigilance is called for here. Another function has been intelligence gathering and all incident team members participate in daily briefings received from each county, both states, our federal partners and numerous local groups which allows us to react quickly to changing information and stay abreast of the changing curves. Our Fleet team has been overcoming challenges necessary in keeping our apparatus maintained, moving around the stations servicing equipment without contact with our crews (ghost like), overcoming supply chain challenges and retrofitting all the medic units with isolation barriers.

Training and Rescue

(IMT) Planning Section Chief, Alan Whisler

Training is no stranger to challenges, but the cancellation of outside training and multi-company drills, coupled with social distancing and expiring certifications, has presented a new dynamic to overcome. This team has rallied too, getting extensions on certifications, developing more virtual curriculum and modifying position task-books to allow personnel to continue to progress while respecting the need to stop the spread. The team developed and updates the Incident Action Plan as needed and continues to assist Operations with developing our COVID-19 combat strategy. On the positive side, our firefighters have become more adept at utilizing computer-based training platforms, attending virtual meetings and utilizing simulators. The individual engine companies can then focus on basic manipulative skills. Training which also oversees our recruit academies has focused on developing a COVID-19 sensitive procedure for on-boarding that includes low personnel contact and a modified orientation process for our three new lateral firefighter recruits who are scheduled to begin May 5th.

With all that is going on with COVID-19, they have tried to add some things to get everyone out of the stations to train. In addition, the team has set up some NEW online training options. Even with COVID-19 precautions, personnel still need to train and stay proficient in skills.

The available training for staff Includes:

- Each station has a log into Firehouse Engineering for online training (login info at bottom monthly training form) for Art of Reading Smoke, feel free to watch other videos if you would like
- RT 130 training will start in May, we will be dispersing one old training shelter to each Captain, for practice. This will allow everyone to see how a real shelter works and feels
- Each shift has scheduled training for each tour.
- During this time please try and get a minimum of 1 hour of manipulative training in per tour and document it as **manipulative training**.
- Training is designed for the participation of the entire crew. We can continue to train and keep our social distancing

EMS and Unmanned Aerial Systems (Air Ops)

(IMT) Medical Unit Leader, Scott Sedgwick

Our EMS team and Chief have played a major roll in our COVID-19 response efforts, participating in intelligence gathering, collaborating with our neighboring fire agencies and local receiving hospitals. Many of these Directives are derived from the CDC, Placer County Health Officer and our EMS agencies, Sierra Sacramento Valley & El Dorado Co. Sharing that information during daily IMT briefings. Under the Operations Section the team works with Training, Safety updating our Station Living and Incident Response memorandums that contain the daily Directives that allow our agile organization to adeptly adapt to changes.

Last week [DJI](#) (drone manufacturer) came out with a program to equipment Public Service Agencies across the United States with UAS equipment to help with the Covid-19 Pandemic. DJI is conducting a public outreach campaign and have offered free equipment use with support, and no liability or cost, to select government agencies to help out with the Covid-19 Pandemic. If the aircraft is lost, destroyed or damage there is no cost to our agency. They also offered us free technical support and repairs. Firefighter Paramedic Will Marshman applied under direction of Battalion Chief Sedgwick and we were one of nine agencies that were chosen in the entire US, out of 100 fire agencies who applied. DJI offered us and sent our agency **TWO** state-of-the-art DJI Mavic Enterprise UAS aircraft for use over the next three months. Depending on our need after three months they will either donate the UAS equipment to the Districts or they will send us a label to ship it back to them. DJI is seeking out of this grant is to gather information and increase their public outreach on how UAS can benefit public service agencies during these types of crises.

Safety/Wellness and IT

(IMT) Safety, Sarah Lagano

Our Newest Battalion Chief, just 60-days into her position, had to hit the road running. Attacking the challenges already associated with running a secure governmental enterprise computer network, coupled with our sudden increase in demand and reliance on the internet and our computer system. The IT team is supporting the organization's transition into new technology, Fire Engineering simulations for training, Electronic plans check tables with new software for prevention, and high demand for daily virtual meetings and internet conferences.

The crews are very pleased with the new Peloton spin bike pilot program at Station 51, the crews continue to work-out daily and are focused on maintaining physical and mental health. The team has provided a number of options for on-line physical trainers and programs, [Peloton](#) is offering a 90-day free subscription to their App-fitness services, no equipment is necessary.

Important Memorandums and Attachments

- #20-26 District Response to Executive Order (Interim Guidance)

- #20-27 Updated Station Identifiers
- #20-28 Staffing
- #20-29 *Revised* Station Directives
- #20-30 *Revised* Incident Directives
- Response graphs

During the past month the Fire Chief (designee*) represented the Districts at the following external meetings and events:

- All meetings were conducted virtually or suspended during the month of March.
- There were no outside meetings this month.



North Tahoe and Meeks Bay Fire Protection Districts



Memorandum

#20-26

To: All Personnel

From: Michael Schwartz, Fire Chief

Re: District's Response to Executive Order N-25-20 State of Emergency to Exist in California as a Result of the Threat of COVID-19

Date: March 17, 2020

The following directives are effective immediately and per policy may remain in place up to a year unless modified by the Fire Chief. Should you have any questions, contact your direct supervisor.

The District is moving from normal operations into the ICS system. A COVID-19 2020 Incident Action Plan (IAP) Prepare and Respond is under development and will be circulated upon completion.

Incident Commander:	Chief Schwartz
Safety Officer:	Chief Lagano
Public Information Officer:	Erin Holland
Operations Section:	Chief Leighton
Planning Section:	Chief Whisler
Logistics Section:	Chief McNamara
Medical Unit Leader:	Chief Sedgwick
Finance Section:	Director Eason

More details will be forthcoming in the IAP.

DIRECTIVES:

- 1. All stations, including administrative offices and shop, are on lock-down from outside visitors until further notice.** No public, family, or friends should be in the station. No classes or tours will be conducted. This includes riders on apparatus. Only one parent allowed in ambulance with juvenile. If practical, the parent should be seat-belted in the patient compartment.

2. **Postpone/suspend all training and meetings inside and outside the District that are happening from now through the end of April.**
3. **No interaction between stations for internal and external training or meeting, except as explicitly authorized by a Chief Officer.** As practical, keep social distance of six feet from all people inside and outside the station. No inter-station travel is allowed. All company inspections are suspended until the end of April.
4. **Wear PPE on all suspected flu-like symptoms.** Keep six feet social distancing while assessing all patients. Put on PPE if in doubt. Remove PPE prior to driving so as to not contaminate the cab. See the attached COVID-19 Best Practices Document, Procedures for Respiratory Illness Response. **If you're sick, stay home.** Supervisors and Captains should inquire how their personnel are feeling at the beginning of each workday. Captains and supervisors *must* send home personnel who exhibit flu-like signs or symptoms, including, but not limited to, a fever over 100.4, persistent cough, and upper respiratory illness. Personnel returning to work following an illness should be symptom free and afebrile for 48 hours. Personnel not following these directives should expect to be sent home whether you're on regular or overtime shift. Personnel on duty who believe they or a co-worker are sick should report these concerns to their direct supervisor. If personnel are uncomfortable reporting to their direct supervisor, alternatively, they should notify Administrative Assistant Kelly McElravey or Director of Finance and Administration Kim Eason.
5. **Complete a full decon wipe down of the cabs, back of medics, and stations at the beginning of every shift and after every call.** COVID-19 can last on surfaces for maybe hours. Stations and high-contact surfaces should be cleaned a minimum of twice a day.
6. **Personnel should maintain clean uniforms at all times.** If you've been exposed to a person exhibiting flu-like symptoms, wash your uniform after contact. Remember, you don't want to take this stuff home with you. Also remember to wipe down badges, name tags, and other pins, etc.
7. **Prevention.** All plan checks will be conducted electronically, and inspections (including engine company inspections) are suspended until further notice.

BEST PRACTICES:

1. Consider bringing food from home in case stores are busy, closed, or out of stock.
2. Do not accept donated food from outside sources.
3. Any questions related to COVID-19 symptoms, including fever, cough, or shortness of breath or for more information on when to seek care for respiratory symptoms, contact the Tahoe Forest Health System COVID-19 Hotline at 530.536.6013.
4. Reduce the number of firefighters in the home on initial assessment to reduce exposure.
5. For additional best practices, review the attached Best Practices document.

COVID-19 – BEST PRACTICES

Procedures for Respiratory Illness Response

GVECC will screen the following Chief Complaints:

- Breathing Problems
- Sick Person
- Other chief complaints where the Call-Taker suspects a respiratory-type illness exists

SSVEMSA directs the Call-Taker to ask the following two questions:

1. Are you or someone in your household currently on home isolation or quarantine for coronavirus?
2. Do you currently have any respiratory symptoms such as cough, fever or difficulty breathing?

If the answer is **yes** to one or both of these questions, the Dispatcher will advise responding units with the simple phrase of “**PPE Alert**”. It is not necessary for each resource to acknowledge the broadcast, and the ECC will **not** conduct an acknowledgement checkback.

When the “**PPE Alert**” is provided by the ECC, we will don the following PPE before patient contact:

- N95 Masks
- Goggles or face shield that fully cover the front and sides of the face
- Disposable Isolation Gown
- Gloves

Patient Assessment:

One crew member does the initial assessment from six (6) feet away and outside the building if possible. A surgical face mask, or NRB, shall be put on the patient prior to committing more personnel. The patient should also be given gloves to decrease the chance of contaminating medical equipment and the gurney.

- Involve the fewest number of the crew required.
- Non-transporting crew members: Call the on-duty BC prior to returning to quarters.
- After completing patient care and before entering the cab for transport, the driver should remove the face shield/goggles, gown and gloves and perform hand hygiene. The N95 mask should be worn during transport. Family or friends of the patient should not be transported.
- Turn on the patient compartment Vent and open the side window
- Notify the ER and the on-duty BC that you are enroute with a patient with “flu like” or “respiratory symptoms”. TFH will provide a designated room for these patients
- Following the call, the transporting crew will:
 - leave the rear doors open to allow sufficient air changes while transferring care to the ED staff.
 - meet with the ER Physician to discuss any potential exposure the crew had while on scene and during transport.
 - call the on-duty BC for direction PRIOR to going available with GVECC
 - thoroughly decontaminate the medic unit- patient compartment and cab as described in Lexipol Policy 903

The CDC has determined that the Exposure Category is low when treating a Covid-19 patient if proper PPE is worn and the patient wears a facemask. No medical evaluation or quarantine is indicated for the EMS crew.

SSV and the County's reports indicate that we are no longer in containment phase, but mitigation phase. This means that you should not be at work if you have any symptoms. You are not considered "exposed" if you had PPE on. **However, if you were exposed to someone with COVID -19 you can still work after exposure, but you must monitor your temperature and symptoms.** If temp goes above 100.4 and/or symptoms, you need to go home or not come in to work until symptoms are gone. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Additional Housekeeping Best Practices

Consistent with existing practices, station living quarters should be cleaned between each shift. Common contact surfaces should be disinfected regularly. During a contagious illness outbreak, disinfect surfaces at least twice per shift. Examples of common contact surfaces include doorknobs, keyboards, gym equipment, toilet handles, and faucets. Apparatus bays, apparatus, and equipment should not be overlooked. Please use the following steps when cleaning the stations, apparatus, and equipment.

1. All surfaces shall be wiped down using disinfectant solution and a rag or disinfecting wipes.
2. Floors shall be mopped using disinfectant solution or bleach and warm water.
3. All surfaces of apparatus cabs and ambulance boxes shall be wiped down using disinfectant solution and a rag/brush and allowed to air dry. This should include all items and surfaces crew members may have come in contact with (i.e., seats, handles, radios and SCBAs).
4. All diagnostic and medical equipment shall be wiped clean using disinfectant solution or disinfecting wipes.

Relevant Lexipol Policies

Access Lexipol policies covering public safety disease prevention:

- Communicable Diseases
- Illness and Injury Prevention
- Work-Related Illness and Injury Reporting
- Respiratory Protection Program
- Respiratory Protection Training



North Tahoe and Meeks Bay Fire Protection Districts



Memorandum

#20-27

To: All Personnel

From: Steve Leighton, Division Chief - Operations

Re: Updated Station Identifiers

Date: March 20, 2020

In our continual effort to improve our operational effectiveness, while increasing firefighter safety, the following changes will be implemented effective immediately:

Station 61 has been changed to Station 67. The units assigned there will use the identifiers Engine 67, Medic 67 and Utility 67.

Station 62 has been changed to Station 68. The units assigned there will use the 68 identifiers.

Grass Valley Emergency Communications Center has made the changes in the CAD system. In addition, new apparatus placards are on order and should arrive in the near future.

These changes were made due to the numbers 51 and 52 sounding extremely similar to the numbers 61 and 62 when said over the radio. When apparatus, particularly 51 and 61, are both responding to emergencies, the similarities have caused confusion for dispatch and other responding units. I'm confident this change will help clear up some of those issues as well as eliminate a potential safety problem.



North Tahoe and Meeks Bay Fire Protection Districts



Memorandum

#20-28

To: All Personnel
From: Steve Leighton, Division Chief - Operations
Re: Staffing Memo
Date: March 25, 2020

In an effort to maintain a safe work environment, healthy workforce, and possible financial constraints, the District will be implementing a change to current Memo #20-22. Until further notice, we will no longer staff to 14 on Friday, Saturday, and Sunday. Effective immediately, we will set our daily staffing mode to 13 seven days a week. (This includes forcing to 13.) I will be monitoring staffing levels on a regular basis and studying the impacts on the organization.

I have been pleased with the positive operational benefits that the initial trial program has produced. In the near future, I hope to continue to extend the trial program for another 90 days.

Please follow the COVID "Best Practices Document", don't come to work if you are sick, wash your hands regularly, and maintain social distancing as much as possible.



North Tahoe and Meeks Bay Fire Protection Districts



Memorandum

#20-29

STATION DIRECTIVES

REVISED 03/26/2020

To: All Personnel

From: Michael Schwartz, Fire Chief

Re: District's Response to Executive Order N-25-20 State of Emergency to Exist in California as a Result of the Threat of COVID-19

Date: March 26, 2020

The following directives are effective immediately and per policy may remain in place up to a year unless modified by the Fire Chief.

The District has activated an Incident Management Team to guide the Districts' response to the COVID-19 pandemic. A COVID-19 2020 Incident Action Plan (IAP) has been distributed and will be updated weekly. Please refer to this IAP and talk to your supervisors for additional guidance.

DIRECTIVES:

- 1. All stations, including administrative offices and shop, are on lock-down from outside visitors until further notice.** No public, family, or friends should be in the station. No classes or tours will be conducted. This includes riders on apparatus. Only one parent allowed in ambulance with juvenile. If practical, the parent should be seat-belted in the patient compartment.
- 2. Every effort shall be made to keep personnel from moving to a different station in between shifts.**
- 3. Postpone/suspend all training and meetings inside and outside the District through the end of April.**
- 4. No interaction between stations for internal and external training or meetings / gathering, except as explicitly authorized by a Chief Officer.** As practical, keep social distance of six feet from all people inside and outside the station. All company inspections are suspended until the end of April.
- 5. If you're sick, stay home.** Supervisors and Captains should inquire how their personnel are feeling at the beginning of each shift. Captains and supervisors *must* send home personnel who exhibit flu-like signs or symptoms, including, but not limited to, a fever over 100.4, persistent cough, and upper respiratory illness.

Personnel on duty who believe they or a co-worker are sick should immediately report these concerns to their direct supervisor. If personnel are uncomfortable reporting to their direct supervisor, they should notify their BC, Administrative Assistant Kelly McElravey, or Director of Finance and Administration Kim Eason.

In order to return to work **all of the following must happen:**

- a) Cleared by the TFH COVID-19 clinic, 530-582-3450, or TFH Occupational Health 582-3584.
 - b) Completely symptom free for 72 hours or 7 days have passed since the start of symptoms whichever is longer.
6. **Any employee that has traveled** by air domestically or internationally **MUST** call Sue McMullen from TFH Occupational Health at 582-3584. She will have screening questions and will provide a return to work date based on the current CDC and local guidelines. **Current local guidelines are that all employees who are planning to return to work following air travel should remain off duty for a minimum of seven (7) days with a negative COVID test, or up to 14 days without testing, during which they should adhere to the Governor’s shelter-in-place order. If this applies to you, please reach out to your Chief Officer or Director, and we will work with you to figure out if you can work at home or if we need to put you on paid leave.**
7. **Complete a full decon wipe down of the cabs, back of medics, and stations at the beginning of every shift and after every call.** COVID-19 can last on surfaces for maybe hours. Stations and high-contact surfaces should be cleaned a minimum of twice a day
8. **Personnel should maintain clean uniforms at all times.** If you’ve been exposed to a person exhibiting flu-like symptoms, wash your uniform after contact. Remember, you don’t want to take this stuff home with you. Also remember to wipe down badges, name tags, and other pins, etc.
9. **Prevention.** All plan checks will be conducted electronically, and inspections (including engine company inspections) are suspended until further notice.

SSV and County reports indicate that we are no longer in containment phase, but mitigation phase. This means that you should not be at work if you have any symptoms.

The CDC has determined that the Exposure Category is low when treating a COVID-19 patient if proper PPE is worn and the patient wears a facemask. No medical evaluation or quarantine is indicated for the EMS crew: **you may continue to work after a low category exposure, but you must monitor your temperature and symptoms daily.**

Cal-EMSA. The State EMS Authority released the following policy statement/guidance that I wanted to make you aware of: <https://emsa.ca.gov/wp-content/uploads/sites/71/2020/03/WorkforceMaintenancePolicyandProcedure.pdf>

“Employers should screen all prehospital care personnel at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If the employee is ill or has a fever above 100.4 degrees Fahrenheit, the employee should be asked to leave the workplace and referred to employee wellness or primary care physician for evaluation before returning to work.”

Supervisors should complete these health checks between 0800 and 0830 each day and record the finding in the proper Aladtec form.

Additional Housekeeping Best Practices

Consistent with existing practices, station living quarters should be cleaned between each shift. Common contact surfaces should be disinfected regularly. During a contagious illness outbreak, disinfect surfaces a minimum of twice per shift. Examples of common contact surfaces include doorknobs, keyboards, gym equipment, toilet handles, and faucets. Apparatus bays, apparatus, and equipment should not be overlooked. Please use the following steps when cleaning the stations, apparatus, and equipment.

1. All surfaces shall be wiped down using disinfectant solution and a rag or disinfecting wipes.
2. Floors shall be mopped using disinfectant solution or bleach and warm water.
3. All surfaces of apparatus cabs and ambulance boxes shall be wiped down using disinfectant solution and a rag/brush and allowed to air dry. This should include all items and surfaces crew members may have come in contact with (i.e., seats, handles, radios and SCBAs).
4. All diagnostic and medical equipment shall be wiped clean using disinfectant solution or disinfecting wipes.
5. Split crew workout times for stations with small workout spaces (51, 53 and 56 – split crews, 52 and 67 be aware of six foot spacing and sharing of equipment – split crews when necessary).
6. Cleaning of Gyms: Use the Simple Green spray provided specifically for the fitness rooms. The spray must be left wet on the surface for 10 minutes. See email from Lockhart for specific cleaning of all fitness areas. Note, the Simple Green that is used to clean kitchens and bathrooms has no disinfectant properties and should not be used.
 - Do not use any other cleaning products on the fitness equipment including plates/bars, treadmill / rowers, etc., due to degradation of the rubber, cables and mechanisms.
7. Consider bringing food from home in case stores are busy, closed, or out of stock.
8. Do not accept donated food from outside sources.
9. Any questions related to COVID-19 symptoms, including fever, cough, or shortness of breath or for more information on when to seek care for respiratory symptoms, contact the **Tahoe Forest Health System COVID-19 Hotline at 530.582-3450.**

Relevant Lexipol Policies

Access Lexipol policies covering public safety disease prevention:

- Illness and Injury Prevention Program- 900
- Communicable Diseases- 903
- Respiratory Protection- 909
- Respiratory Protection Training- 613



North Tahoe and Meeks Bay Fire Protection Districts



Memorandum

#20-30

INCIDENT DIRECTIVES

Revised April 6, 2020

To: All Personnel

From: Michael Schwartz, Fire Chief

Re: District's Response to Executive Order N-25-20 State of Emergency to Exist in California as a Result of the Threat of COVID-19

Date: April 6, 2020

The following directives are effective immediately and per policy may remain in place up to a year unless modified by the Fire Chief. Should you have any questions, contact your direct supervisor.

DIRECTIVES:

GVECC will screen the following chief complaints: breathing problems, sick person, and other respiratory-type illness.

Call-Taker to ask the following questions:

1. Are you or someone in your household currently on home isolation or quarantine for coronavirus?
2. Do you currently have any respiratory symptoms such as cough, fever or difficulty breathing?

If the answer is [yes](#) to one or both of these questions, the Dispatcher will advise responding units with the simple phrase of "**PPE Alert**".

When the "**PPE Alert**" is provided by the ECC, don the following PPE prior to making patient contact:

- N95 Mask
- Goggles or face shield that fully covers the front and sides of the face
- Disposable Isolation Gown
- Gloves

Use your judgment to determine if the patient has signs or symptoms of COVID-19. According to recent studies, COVID-19 symptoms include cough (68%), fever (44%), fatigue (38%), sputum production (34%), shortness of breath (19%), sore throat (14%), headache (14%), and other respiratory symptoms. You should have a high suspicion of needing PPE even if a PPE Alert was not given by GVECC.

Patient Assessment:

- All personnel will be issued their own N95 mask to be worn on **all** calls. These will be reused for as long as possible, until grossly contaminated or damaged. Notify your Captain if you need a replacement.
- One crew member will do the initial assessment from 6 feet away on all calls even if a PPE alert was not given. If the crew member suspects a respiratory illness, remove yourself from the scene and put on the remaining PPE. Use your best judgement if you need a new N95 before patient care is resumed.
- If possible, have the patient walk outside.
- A **surgical face mask (not an N95)**, or non-rebreather mask, **shall** be given to a patient with any complaint prior to performing patient assessment and committing more personnel. All patients will be transported wearing either a surgical mask or a NRB.
- When possible, have the patient put on gloves to decrease the chance of contaminating medical equipment and the gurney.
- Involve the fewest number of the crew required.
- Non-transporting crew members must call the on-duty BC prior to returning to quarters.
- After completing patient care, and before entering the cab for transport, the driver should remove the face shield/goggles, gown, and gloves. The gloves will be thrown away but all the other PPE will be stored in a plastic bag for storage at the station. Do not save the PPE if it is grossly contaminated or has been used to treat a patient with a possible respiratory illness. Perform hand hygiene. The plexiglass in the ambulances is not air tight so N95 masks must be worn during transport.
- We should not transport anyone but the patient. Exceptions can be made if the patient is a minor or has other personal needs. Explain to the rider that they may not be able to remain with the patient at the hospital and they must wear a surgical face mask during transport.
- Turn on the patient compartment vent and open a front window in the cab. Do not recirculate any air.
- Notify the ER that you are enroute with a patient with “flu like” or “respiratory symptoms”. TFH will provide a designated room for these patients.
- SSV guidelines stress personnel should exercise caution if an aerosol-generating procedure (BVM ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, CPAP, etc.) is necessary. Notify the receiving hospital and obtain guidance whether to continue, discontinue, or complete the procedure. Adequately document any order to stop an aerosol-generating procedure. All PPE must be worn while performing any of the above procedures.
- Following the call, the transporting crew will:
 - Leave the rear doors open to allow sufficient air changes while transferring care to the ER staff.
 - Open both windows in the cab to allow sufficient air changes.
 - Meet with the ER physician to discuss any potential exposure the crew had while on scene and during transport. Ask if the patient will be tested for COVID-19.
 - Call the on-duty BC for direction **PRIOR** to going available with GVECC.
 - Thoroughly decontaminate the medic unit - patient compartment and cab as described in Lexipol Policy 903.

Arrival at the Hospital:

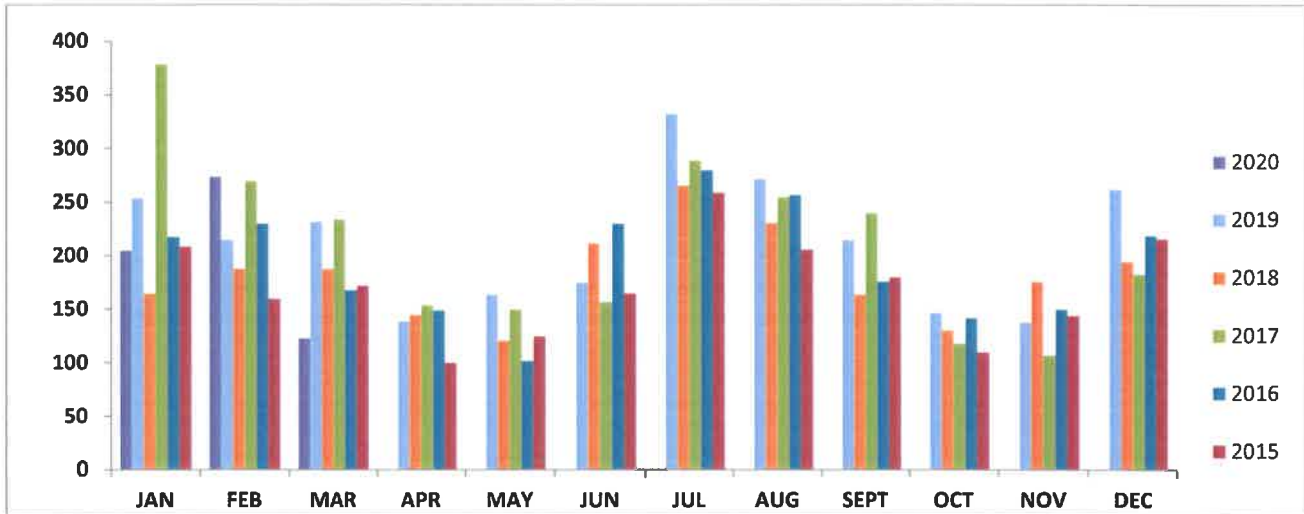
- All receiving hospitals expect NTF personnel and patients to be wearing face masks while inside the hospital regardless of the patient complaint.

NTFPD-MBFPD RESPONSE CALLS
March 2020

Basic Incident Number (FD1)	Basic Incident Date Time	Basic Incident Postal Code (FD1.19)	Basic Incident Type (FD1.21)	Basic Apparatus Call Sign List	Basic Primary Action Taken (FD1.48)	Basic Additional Actions Taken 2 (FD1.66)
2020005593	3/4/2020 11:58	96142	EMS call, excluding vehicle accident with injury	E67, M53	Provide advanced life support (ALS)	Transport person
2020006659	3/17/2020 3:06	96142	EMS call, excluding vehicle accident with injury	B5, E67, M53	Provide advanced life support (ALS)	
2020006867	3/19/2020 20:09	96142	EMS call, excluding vehicle accident with injury	E67, M53	Provide advanced life support (ALS)	
2020007070	3/22/2020 18:22	96142	EMS call, excluding vehicle accident with injury	E53, M67	Provide advanced life support (ALS)	Transport person
2020007393	3/27/2020 19:03	96142	EMS call, excluding vehicle accident with injury	E67, M53	Provide advanced life support (ALS)	Transport person
2020007396	3/27/2020 20:32	96142	EMS call, excluding vehicle accident with injury	E51, M67	Provide advanced life support (ALS)	Transport person
2020007519	3/29/2020 23:38	96142	EMS call, excluding vehicle accident with injury	E67, M53	Provide advanced life support (ALS)	Transport person
2020007612	3/31/2020 14:07	96142	EMS call, excluding vehicle accident with injury	M67		
2020007635	3/31/2020 21:07	96142		M67		
	Calls = 9					

MONTHLY COMPARISON

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
2020	205	274	123									
2019	254	215	232	139	164	175	333	272	215	147	138	262
2018	165	188	188	145	121	212	266	231	164	131	176	195
2017	379	270	234	154	150	157	289	255	240	118	107	183
2016	218	230	168	149	102	230	280	257	176	142	150	219
2015	209	160	172	100	125	165	259	206	180	110	144	216



YEAR TO DATE COMPARISON

2020	602
2019	2546
2018	2182
2017	2536
2016	2321
2015	2046

