

The Governor has declared a State of Emergency to exist in California as a result of the threat of COVID-19 (aka the "Coronavirus"). The Governor issued Executive Order N-25-20, which directs Californians to follow public health directives including canceling large gatherings. The Executive Order also allows local legislative bodies to hold meetings via conference calls/online meetings while still satisfying state transparency requirements. The Governor has also issued Executive Order N-33-20, prohibiting people from leaving their homes or places of residence except to access necessary supplies and services or to engage in specified critical infrastructure employment.

The Public's health and well-being are the top priority for the Board of Directors ("Board") of South Placer Fire District and you are urged to take all appropriate health safety precautions. To facilitate this process, the meeting of the Board will be available by: GoTo Meeting link and phone access as stated below.

## April 29<sup>th</sup>, 2020 South Placer Fire District Special Board Meeting

Wed, Apr 29, 2020 7PM - 8PM (PDT)

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/995929413>

Use this link to access meeting online

You can also dial in using your phone.

(For supported devices, tap a one-touch number below to join instantly.)

United States: +1 (224) 501-3412

Use this phone # if accessing by phone

Access Code: 995-929-413 #

Then use this access code

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/995929413>

Note: The meeting is being held solely by telephonic/online means and will be made accessible to members of the public seeking to attend and to address the Board solely through the link set forth above, except that members of the public seeking to attend and to address the Board who require reasonable accommodations to access the meeting, based on disability or other reasons, should contact the following person at least twenty-four (24) hours in advance of a Regular meeting to make arrangements for such reasonable accommodations. (For Special meetings, please request accommodations no less than 12 hours prior to the meeting.)

Kathy Medeiros, Business Manager  
6900 Eureka Rd Granite Bay, CA 95746  
916-791-7059  
[kmediros@southplacerfire.org](mailto:kmediros@southplacerfire.org)

SPECIAL BOARD MEETING AGENDA  
SOUTH PLACER FIRE DISTRICT  
BOARD OF DIRECTORS  
Wed. April 29, 2020

1. 7:00 p.m. Special Meeting - Session Online/Conference Call  
<https://global.gotomeeting.com/join/995929413> or +1 (224) 501-3412 Access Code: 995-929-413 #
2. Flag Salute
3. Public Comment
4. Old Business:
  - A. Covid-19 Update: Chief recommends updating the Board on the status of the current pandemic and the District's response and preparations. PG# 3
5. New Business: None
6. Information and Discussion: None
7. Chief's Report
8. Board/Staff Comments
9. Future Agenda Items
10. Adjournment

---

---

**SOUTH PLACER FIRE DISTRICT  
INTEROFFICE MEMORANDUM**

---

---

**TO:** BOARD OF DIRECTORS  
**FROM:** FIRE CHIEF ERIC WALDER  
**SUBJECT:** BOARD MEETING AGENDA STAFF RECOMMENDATIONS  
**DATE:** TUESDAY, APRIL 28, 2020  
**CC:** BOARD SECRETARY KATHY MEDEIROS

---

**Agenda Item:** **Covid-19 Update:**

**Action Requested:** Information and discussion answer Board questions.

**Background:** The Covid -19 pandemic has spread across the globe and has impacted the State of California resulting in a March 19<sup>th</sup>, 2020 Executive Order issued by Governor Gavin Newsom for all Californians to shelter in place, with the exception of critical workforce employees. In preparation and anticipation of this statewide order the Fire Chief on March 16<sup>th</sup>, 2020 issued directives to be implemented immediately to protect the critical workforce and the local community. This effectively altered operations to take care of the critical operational components of our service while continuing the basic level of service in our prevention division. On March 23<sup>rd</sup>, 2020 Bulletin #2020-1 was issued updating the directives. The first comprehensive South Placer Fire District Covid-19 Plan was issued after consultation with labor and management employees. The SPFD Covid -19 Plan is monitored and updated regularly for changes in guidance by local, state, and national health care officials. Currently the Chief is engaged at the OES Region level, and Battalion Chief McMillin is participating with staffing the Placer County EOC in Operations. Daily emails are being produced internally to inform the Districts employees of the expanding pandemic.

**Impact:** Continued Operation

**Attachments:** South Placer Fire District Covid-19 Plan, Current Placer County Statistics

**Eric G. Walder, EFO**  
Fire Chief  
South Placer Fire District

# South Placer Fire District

## COVID-19 Plan



*This is a live document, subject to change as pandemic evolves.*

**4/19/2020**

Thru

**4/26/2020**

*Changes in Blue*

## Introduction

This plan represents the efforts of South Placer Fire District to prepare for a widespread infectious disease or pandemic event which could create an emergency or even a disaster. This plan is specific to South Placer Fire District. It does not supersede agency specific direction from either a State Agency or from State or Local Health officials.

## Objectives

1. Maintain the **health and well-being** of agency personnel and their families.
2. Ensure continued **emergency response** capabilities to protect the citizens and to fulfill the District's mission.
3. Institute **preventive measures** at all South Placer Fire District Facilities.
4. Promote **proper hygiene** to prevent the further spread of the disease.
5. **Monitor the health** of employees to ensure they receive proper and appropriate care.

## Current Information

The Fire Chief or designee (Deputy Chief) will provide routine updates via email that reflect new information, direction and guidance as it becomes available from the CDC, Public Health, SSV, or other relevant sources. **If you have any questions about this plan or its direction contact your Battalion Chief.**

## Prevention and Preparedness

- No public presentations/ school visits (internal or external)
- Practice social distancing to the extent possible
- Review all CDC/Placer Public Health/State changes/recommendations when received
- All stations will be cleaned at a minimum of twice a shift or more often as appropriate.
- Prepare personal plan (home plan)
  - Preventative steps to prevent cross-contamination to family/friends
  - CDC Home plan check list:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>

## Response

- Use enhanced dispatch and response procedures
- Placer County Dispatch will continue processing calls as normal, in addition to asking specific questions related to current pandemic. If the Dispatcher receives any information that leads them to suspect the patient may have Covid-19 they will voice **"PPE Alert"** over the radio.

- Dispatch and your BC will have a list of addresses of known Covid19 Patients when **“PPE Alert”** is voiced take precautionary measures before making patient contact.
- Incidents dispatched with **“PPE Alert”**, recommended PPE includes: Disposable patient examination gloves, eye protection, disposable isolation gown, respiratory protection (N-95 or higher) for all personnel on the call.

## Patient Assessment & Treatment

### All Incidents:

- Personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.
  - Personnel will wear a facemask on all patient contacts where Covid-19 is not suspected. A single facemask can be worn for the entire shift unless the facemask becomes contaminated. If facemasks are unavailable personnel can utilize N95 respirators as above.
  - If possible, the patient should be instructed (either by dispatch or initial arriving responders) to meet EMS personnel outside the building or in an area that will allow for adequate distancing (living room, etc.).
  - If possible, initial assessment should occur from a distance of at least six (6) feet from the patient. Involve the fewest personnel required to minimize possible exposures.
  - Patient contact should be minimized to the extent possible until a facemask is placed on the patient.
  - If possible, a facemask should be worn by any patient with signs/symptoms of a respiratory infection for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If none of these options are possible, have the patient cover their mouth/nose with tissue when coughing.
  - To reduce exposure risk, family members are not allowed to ride to receiving facility in District vehicles. Exception: Guardians of minors and other dependent individuals, Guardians will ride in the patient care compartment of ambulances in a seated position.
- If COVID-19 is not suspected, personnel shall follow standard procedures and use appropriate PPE for routine evaluation of patients with a potential respiratory infection.

**If COVID-19 is suspected or known:**

- Involve the fewest personnel required to minimize possible exposures.
- Personnel providing direct patient care, or who will be in the ambulance patient care compartment with the patient, shall follow contact and airborne precautions. Recommended PPE includes:
  - N-95 or higher-level respirator or facemask (if a respirator is not available).
    - N-95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.
    - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
  - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.
  - An isolation gown.

**Precautions for Aerosol-Generating Procedures:**

- If possible, consult with the base/modified base hospital for specific guidance before performing aerosol-generating procedures.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for personnel present for or performing aerosol-generating procedures.
- EMS personnel should exercise caution if an aerosol-generating procedure (BVM ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, CPAP, etc.) is necessary.
- If possible (i.e., while still on scene), the rear doors of the ambulance should be opened, and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.
- Engine/Truck Personnel should not accompany ambulance personnel for transport unless patient is in cardiac arrest, respiratory failure, severe trauma, etc. Use your best clinical judgement if the additional exposure risk is needed for the appropriate treatment of your patient.

### **Personal/PPE Hygiene:**

- Respiratory and cough etiquette
- Wash hands with soap and water for a minimum of 20 seconds before and after contact with patients, after using PPE, and after touching contaminated surfaces
- Complete a gross decontamination at the scene, including medical gear and bags
- Properly doff and dispose of medical waste into biohazard bag
- Clean and disinfect boots using proper disinfectants
- If appropriate, shower and launder uniforms

### **Facilities/Equipment:**

- Adhere to SPFD Bulletin #2020-2
- Eliminate public exposure to common areas
- Daily disinfecting of common areas of station
- Daily disinfecting of engine/truck/medic/duty rigs, suggested but not limited to:
  - Headsets/Mic
  - Steering Wheel
  - Door Latches
  - Window controls and dashboard controls

### **Staffing:**

- Follow the existing callback procedure and staffing procedure.

### **Staffing Reductions:**

- If necessary, contact the Battalion Chief, who will immediately notify the Fire Chief. The Fire Chief will determine which units/stations are to be down-staffed due to Corona virus impacts. Medic Units will remain staffed as a priority.

### **Exposure/Reporting**

- Use ATD Standard, contact on duty Battalion Chief for all exposures or potential exposures.
- If exposed to someone who has a fever or respiratory symptoms without proper PPE or breach of PPE, contact the Battalion Chief and submit a completed Injury/Exposure incident report.
- Testing protocol and development through Public Health/CDC and or Occupational Health. The District will use all means at its disposal to have our employees tested by the most expedient means available.

## Prevention/Preparedness

### Handwashing:

- Hand washing is the single most important action to prevent transmission of infectious disease. All personnel should practice good hygiene by regularly washing their hands.
- Always wash hands with soap and water or waterless instant hand antiseptic for a minimum of 20 to 30 seconds:
  - ✓ Avoid touching eyes, nose, mouth, especially with unwashed hands
  - ✓ After any patient contact (in addition to wearing gloves)
  - ✓ Before eating and drinking
  - ✓ Before cooking or handling food
  - ✓ After using the restroom
  - ✓ After any contact with vehicles and equipment, and when entering barracks, offices and staff quarters.

### Handshaking/Social Distancing

- Employees should refrain from “handshakes and fist bumps”, as this has shown to be source of transmission. Instead look at someone and acknowledge them with a head tilt.
- Individuals should maintain six (6) feet of social distancing whenever possible.

### Coughing and Sneezing:

- All employees will cough or sneeze into a disposable tissue or similar. If no tissues are available, they are to utilize their shirt sleeve or wear a mask/respirator.

### Flu Like symptoms:

- Any employees with symptoms indicative of flu (fever, headache, muscle aches, respiratory symptoms, sore throat) should contact their supervisor immediately. Exposing fellow co-workers puts our workforce and vulnerable patients at risk.

### Disinfecting:

- After each response or public contact, immediately disinfect yourself, apparatus, equipment, gear, PPE/uniform. **(DON'T FORGET YOUR BOOTS)**
- Daily cleaning of the facility will include, all common areas including but not limited to handrails, doorknobs, surfaces and floors with proper disinfectant sprays and solutions.
  - Disinfectant Spray / Disinfectant wipes
  - Hand sanitizer
  - Soap and water

### Communication:

- South Placer employees will contact their supervisor to assess that appropriate inventory levels of PPE are being met and to confirm and assess any employee health issues. The goal is to maintain sufficient personnel staffing for continuity of service and to identify any unrecognized trends of multiple illnesses.

### Inventory:

- South Placer Fire Logistical Leads will work to ensure a 30-day supply of available disinfecting cleaners and PPE for use in District storerooms.

### Medical Equipment Replacement

- Keep the fire station equipment stock at a level to be able to run emergency incidents for a one-week period at the minimum.
- Document any equipment needs to the appropriate contact Via Email with detailed descriptions of the need.

### Masks/Safety Glasses:

- If PPE becomes limited and **PPE is not contaminated** such as your N95 masks, you may use again. Eye protection can be cleaned and disinfected and used again. Use proper donning and doffing of PPE and launder and change clothing as needed.
- Mounting evidence shows that infected persons can transmit COVID-19 during the pre-symptomatic phase. EMS personnel are strongly advised to wear a facemask during all patient care activities, when the use of an N-95 or higher-level respirator is not indicated. A single facemask can be worn for the entire day. This will provide some protection to EMS personnel, and will help to prevent inadvertent transmission from pre-symptomatic healthcare workers to patients and co-workers.
- To extend the supply of N95 respirators, CDC has issued guidance on decontamination processes for N95s using vaporous hydrogen peroxide, ultraviolet germicidal irradiation, or moist steam. N95s may be decontaminated 3-5 times, depending on the process, thereby greatly extending N95 supplies (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>).

## Personnel Monitoring & Surveillance

- In the setting of community transmission, all health care providers are at some risk for exposure to COVID-19, whether in the workplace or in the community. Continuing work exclusions and home quarantining guidance in the setting of community transmission would quickly result in a deficit of EMS personnel to treat the growing number of COVID-19 patients, and all other patients. Therefore, personnel will do the following:
  - Employees will screen themselves for signs or symptoms.
    - Symptoms consistent with COVID-19 include cough, shortness of breath, sore throat, and fever of a 100 F or more. Less common symptoms can include muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, and fatigue. Ask employees to report recognized exposures.
- In consultation with the Placer County Health Director and our occupational health program, we are directed to have asymptomatic employees who have had an exposure to a COVID-19 patient to continue to work.
  - These employees should confirm they are at normal temperature and are absent of symptoms each day prior to starting work.
  - If there is an exposure to someone who is a confirmed case of Covid-19 with a breach of PPE or without proper PPE, wear a facemask for 14 days after exposure.
  - If employees develop even mild symptoms consistent with COVID-19, they must cease patient care activities immediately, don a facemask (if not already wearing one), and notify their supervisor and occupational health services prior to leaving work or entering a District provided support center when opened.
  - **At the beginning of each shift, the captain will conduct a Covid-19 screening which will be documented in the daily Safety Briefing on Target Solutions notating temperature of all crew members and if any symptoms are present.**
    - **Each station is issued a MedSource Non-Contact Infrared Body Thermometer Model MS-131002 with User Manual. This is to remain in the captain's office. A spare will be in the administrative office.**

- **How to operate:**
  - The thermometer is aligned with the middle of the forehead to measure body temperature (between the eyebrows) and keep the distance at 1-5cms, press the On/Scan button. Please refer to User Manual for further operating instructions.

## South Placer Fire District Employees with Signs and Symptoms of Covid-19



- Upon leaving work, the employee will be seen at SRMC

ER and or Occupational Health “**CALL FIRST**” “**Follow Medical Direction**”. A COVID-19 Test will be administered as soon as medically possible. The District may identify an alternate COVID -19 testing facility or site in addition to or in place of the ER or Occupational Health testing. This is to get test results returned in the minimum amount of time.

- Any employee who is sent home by a supervisor or manager or elects to isolate at the Employee Support Center with symptoms of COVID-19 shall be placed on paid administrative leave until the employee receives a negative COVID-19 test result.
- Any employee who voluntarily calls in sick to prevent the spread of COVID-19 or symptoms thereof and is ultimately determined to be positive for COVID-19, shall have any sick leave used converted to administrative leave.
- If needed, Station 16 will be closed, and Medic 16 moved to Station 17. This will be done at the order of the Fire Chief.
- Station 16 will be utilized as an Employee Support Center, during isolation periods in the event an employee becomes symptomatic, this is an option to the employee. If the employee wishes, they may choose to isolate at home. Isolation at a District supported Employee Support Center will be provided until a negative COVID-19 Test is received or the employee is cleared by a physician to return to duty.
- Support to be provided at the Employee Support Center will include:
  - Utilities- Gas, Electricity, Etc.
  - Subsistence- Runners, Pick-up/Delivery, Stock Station with basic level needs.
  - Finance - District - As approved by Fire Chief
  - Communications- Station Phones / Radios - Emergency use
  - Personal Item assistance- Assist with obtaining personal Items

- Medical Evaluation/Doctor visits- Supported with on-duty personnel and administration as needed.
  - **Note: Medical Care is not provided, if employee needs continual care the employee must seek medical care / treatment at a medical facility as directed by their health care professional. In an Emergency Situation Call 911.**
- The Employee Support Center will be monitored daily for any logistical needs.
  - Logistical needs will be monitored and requested through the on-duty Battalion Chief and or Administrative Chief Officers.
  - At the time more capacity is needed beyond which the Station 16 Support Center can accommodate, the Fire Chief may alter operations at other facilities to support the ongoing isolation of District employees. Commercial lodging facilities may be considered but the District faces many logistical restrictions with this option.
  - The stations/employee support center will not be open to the public, no visitors or family will be allowed.

### **Employee & Family Support**

If an employee is utilizing an Employee Support Center, the following units of the District are a support resource for the employee and their family members:

- Local 522 - South Placer Unit
- South Placer Fire Administrative Officers Association -SPFAOA
- South Placer Firefighters Association
- South Placer Peer Support/Chaplain Service
- Chief Officers
- Employee Assistance Program (EAP)