

# INCIDENT ACTION PLAN

## MODOC COVID-19

July 16—August 13, 2020

1700 to 1700



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## INCIDENT OBJECTIVES (ICS 202)

<b>1. Incident Name:</b> Modoc COVID-19	<b>2. Operational Period:</b> Date From: 7/16/2020      Date To: 08/13/2020 Time From: 1700      Time To: 1700											
<b>3. Objective(s):</b> Provide for public and responder safety, security, and accountability through the implementation of federal, state, local and agency COVID-19 directives, guidelines and recommendations.  Keep the public, staff and elected officials informed through the timely development and distribution of COVID-19 information.  Prepare for reimbursement of incident expenses by implementing and maintaining a common reporting process to track incident expenditures.  Support public needs by maintaining continuity of operations at county, local, agency and business levels.  Employ multi-jurisdictional decision-making in the context of federal, state and local laws and regulations.  Coordinate available resources needed to support outbreak intervention including self-isolation.  Coordinate with partners to strategically plan a staged reopening that reduces further negative impact.  Continue COVID-19 monitoring of Modoc County residents to support decision making.  Prepare for Stage 3. Plan for State Resilience Roadmap Strategy.												
<b>4. Operational Period Command Emphasis:</b>          General Situational Awareness  Communication is paramount. Follow Chain of Command.												
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>												
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan): <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> ICS 202</td> <td><input type="checkbox"/> ICS 206</td> <td rowspan="5" style="vertical-align: top;"> <b>Other Attachments:</b>  <input checked="" type="checkbox"/> Finance Message  <input checked="" type="checkbox"/> CDC PPE GUIDANCE  <input checked="" type="checkbox"/> NORCAL EMS GUIDANCE  <input type="checkbox"/> _____         </td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> ICS 208</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> Map/Chart</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input checked="" type="checkbox"/> Finance Message <input checked="" type="checkbox"/> CDC PPE GUIDANCE <input checked="" type="checkbox"/> NORCAL EMS GUIDANCE <input type="checkbox"/> _____	<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents
<input checked="" type="checkbox"/> ICS 202	<input type="checkbox"/> ICS 206	<b>Other Attachments:</b> <input checked="" type="checkbox"/> Finance Message <input checked="" type="checkbox"/> CDC PPE GUIDANCE <input checked="" type="checkbox"/> NORCAL EMS GUIDANCE <input type="checkbox"/> _____										
<input checked="" type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207											
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208											
<input type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart											
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents											
<b>7. Prepared by:</b> Name: Tracy Sides      Position/Title: PLANNING      Signature:												
<b>8. Approved by Incident Commander:</b> Name: Stacy Spahr      Signature:												
ICS 202	IAP Page _____	Date/Time: 7/23/2020 1300										

# Organization Assignment List, ICS Form 203

<b>ORGANIZATION ASSIGNMENT LIST</b>		<b>INCIDENT NAME</b>	<b>DATE PREPARED</b>	<b>TIME PREPARED</b>
		Modoc Covid-19	7/23/2020	1500
<b>POSITION</b>	<b>NAME</b>	<b>OPERATIONAL PERIOD (DATE/TIME)</b>		
		7/16/2020 – 08/13/2020 1700 to 1700		
<b>INCIDENT COMMANDER</b>	Stacy Sphar	<b>PUBLIC RELATIONS OFFICER</b>	Kristi Olio	
<b>SAFETY OFFICER</b>	Warren Farnam/Chris Murray	<b>BRANCH – LAW ENFORCEMENT/JAIL/FIRE</b>		
<b>INFO. OFFICER</b>	Stacy Sphar	<b>BRANCH DIRECTOR</b>	William "Tex" Dowdy	
<b>OPERATIONS CHIEF</b>	Tanya Schulz/Warren Farnam			
<b>AGENCY REPRESENTATIVES</b>		<b>BRANCH - CITY SERVICES</b>		
<b>AGENCY</b>	<b>NAME</b>	<b>BRANCH DIRECTOR</b>	Jason Diven	
Modoc County BOS	Ned Coe	<b>DEPUTY BRANCH DIRECTOR</b>	Eric Hunter	
Cal Fire	Steve Walker			
Alturas City Council	Mark Steffek			
Modoc County Admin.	Chester Robertson			
		<b>BRANCH - BUSINESS</b>		
		<b>BRANCH DIRECTOR</b>	Rose Boulade	
		<b>DEPUTY BRANCH DIRECTOR</b>	Mark Steffek	
<b>PLANNING SECTION</b>				
<b>CHIEF</b>	Tracy Sides			
<b>DEPUTY</b>				
<b>INCIDENT TECHNOLOGY SUPPORT SERVICES</b>	Chuck Holmes	<b>BRANCH - BUSINESS</b>		
		<b>BRANCH DIRECTOR</b>	Rose Boulade	
		<b>DEPUTY BRANCH DIRECTOR</b>	Mark Steffek	
<b>LOGISTICS SECTION</b>				
<b>CHIEF</b>	Mikele Picotte			
<b>DEPUTY</b>	Charisa Olson	<b>BRANCH - COMMUNITY</b>		
<b>SUPPLY UNIT LEADER</b>	Tracy Sides	<b>BRANCH DIRECTOR</b>	Dave Pena	
		<b>DEPUTY BRANCH DIRECTOR</b>	Dianna Bass	
<b>FINANCE SECTION</b>				
<b>CHIEF</b>	Dawn Valencia			
<b>BRANCH- Health</b>				
<b>CHIEF</b>	Cheyenne O'Sullivan			
<b>DEPUTY</b>	Jennifer Holmes			
<b>MIGRANT HOUSING- BRANCH DIRECTOR</b>	Gary Fensler			
<b>MIGRANT HOUSING- DEPUTY BRANCH DIRECTOR</b>	Jolene Moxon			
<b>EVACUATION/SHELTER DIRECTOR</b>	Jennifer Holmes			
<b>INMATE HEALTH UNIT</b>	Kristin Lybarger			
<b>PREPARED BY</b>				
Tracy Sides				



<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>Community</b>		2. Division/Group	
3. Incident Name Modoc COVID-19		4. Operational Period			
Date 7/16/20-8/13/2020		Time: 1700 - 1700			
5. Operations Personnel					
Operations Chief	<b>Warren Farnam</b>	Safety Officer	<b>Warren Farnam / Chris Murray</b>		
Branch Director	<b>Dave Pena</b>	Deputy Branch Director	<b>Diana Bass</b>		
6. Resources Assigned This Period					
Resource Designator	Leader				
Churches	Pastor Clarence McCarty				
Modoc Work Activity Center	Paul Mitchel				
Modoc Joint Unified School District	Tom O'Malley				
Elks	Dave Hohman				
Rotary	Sandy Stevenson				
Valley Service Club	Bunnie Hartman				
Tribes	Nikki Vaughn				
Modoc County Office of Education	Mike Martin				
Surprise Valley School District	Misti Norby / Audra Evans				
Tulelake Basin Joint	Bryce Brin				
State Preschools / Early Head Start	Misti Norby				
Mennonite School	Enoch Wood				
Alturas Rancheria	Shawn Normington				
Strong Family	Candace Carlson				
ISOT	Olivia Mann				
Mormon Church	Russ Davis				
Pit River Tribe XL	Zalyn Baker				
7. Work Assignments <b>Maintain communication and accountability with your resources.</b> <b>Maintain communication with local churches, serving and feeding supplies.</b> <b>Maintain communication with clubs.</b>					
8. Special Instructions <b>Follow agency or department guidelines for exposure reporting and response to calls.</b>					
9. Division/Group Communication Summary					
Prepared By	Approved By (Planning Sect. Ch.)		Date	Time	
<b>Tracy Sides</b>	<b>Tracy Sides</b>		<b>7/23/2020</b>	<b>1300</b>	

<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>County/City Services</b>		2. Division/Group	
3. Incident Name Modoc COVID-19		4. Operational Period			
Date 7/16/20-8/13/2020		Time: 1700 - 1700			
5. Operations Personnel					
Operations Chief	<b>Warren Farnam</b>	Safety Officer		<b>Warren Farnam/Chris Murray</b>	
Branch Director	<b>Jason Diven/Chester Robertson</b>	Deputy Branch Director		<b>Eric Hunter</b>	
6. Resources Assigned This Period					
Resource Designator	Leader				
Modoc Roads Department	Mitch Crosby				
Surprise Valley Electric	Brad Kresge				
Cal Trans	Travis Farber				
Railroad/UP	Carl McConathy				
Frontier Communications	Keith Jacques				
Transportation Planning/Public Transit	Debbie Pedersen				
7. Work Assignments <b>Maintain communication and accountability with resource providers.</b> <b>Work with cooperators to ensure contingency and cross training.</b>					
8. Special Instructions <b>Follow agency or department guidelines for exposure reporting and response to calls.</b>					
9. Division/Group Communication Summary					
Prepared By <b>Tracy Sides</b>		Approved By (Planning Sect. Ch.) <b>Tracy Sides</b>		Date <b>7/23/2020</b>	Time <b>1300</b>

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<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>Health</b>		2. Division/Group	
3. Incident Name Modoc COVID-19		4. Operational Period			
Date 7/16/20-8/13/2020		Time: 1700-1700			
5. Operations Personnel					
Operations Chief	<b>Tanya Schulz</b>	Safety Officer	<b>Warren Farnam / Chris Murray</b>		
Branch Director	<b>Cheyenne O'Sullivan</b>	Deputy Branch Director	<b>Jennifer Holmes</b>		
6. Resources Assigned This Period					
Resource Designator	Leader				
Modoc Medical Center	Kevin Kramer				
Surprise Valley Healthcare District	Frances Hannah				
Alturas Health Clinic	Tony Reynolds				
XL-Clinic/Pit River Health	Michael Rogers				
Warner Mountain Clinic	Theresa Townsend				
NorCal EMS	Patti Garrison				
Modoc District School Nurse	Jacee Knighton				
Behavioral Health	Michael Traverso				
Migrant Housing	Gary Fensler				
Evacuation/Shelter	Jennifer Holmes				
Inmate Health Unit	Kristin Lybarger				
7. Work Assignments <b>Coordinating with local healthcare professionals for surge planning.</b> <b>Coordinating lab testing for high risk patients through Shasta Lab.</b> <b>Updating third party lab testing line list.</b> <b>Implementing respiratory protection plan for Health Services nursing staff.</b> <b>Implementing pre-screening for staff and walk-in medical facilities.</b> <b>Coordinating with local and neighboring healthcare professionals to conduct surveillance and contact tracing/monitoring.</b>					
8. Special Instructions <b>Follow agency or department guidelines for exposure reporting and response to calls.</b>					
9. Division/Group Communication Summary					
Prepared By	Approved By (Planning Sect. Ch.)		Date	Time	
<b>Tracy Sides</b>	<b>Tracy Sides</b>		<b>7/23/2020</b>	<b>1300</b>	

<b>DIVISION ASSIGNMENT LIST</b>		1. Branch <b>Law Enforcement/Jail/Fire</b>		2. Division/Group	
3. Incident Name Modoc COVID-19		4. Operational Period			
Date 7/16/20-8/13/2020		Time: 1700 to 1700			
5. Operations Personnel					
Operations Chief	<b>Warren Farnam/Tanya Schulz</b>	Safety Officer	<b>Warren Farnam/Chris Murray</b>		
Branch Director	<b>William "Tex" Dowdy</b>	Deputy Branch Director			
6. Resources Assigned This Period					
Resource Designator	Leader				
Modoc County Sheriff	Scott Withrow				
Alturas Police Department	Sid Cullins				
California Highway Patrol	On Duty SGT				
Modoc County District Attorney	Sophia Meyer				
CA Dept. of Fish and Wildlife	Jake Nicholas				
US Forest Service	Greg Moon				
Probation	Kim Wills				
CA Dept. of Corrections & Rehabilitation	Jennifer Cross				
Modoc County Courts	Ronda Gysin				
Fire Chiefs Association	Ron Sherer				
7. Work Assignments <b>Maintain communication and accountability with resource providers.</b> <b>Continue monitoring inmate health for COVID-19 symptoms.</b> <b>Continue submitting daily reports of inmate and employee health, to management.</b> <b>Coordinate with Public Health for Inmate Screening.</b>					
8. Special Instructions <b>Follow agency or department guidelines for exposure reporting and response to calls.</b>					
9. Division/Group Communication Summary					
Prepared By	Approved By (Planning Sect. Ch.)		Date	Time	
<b>Tracy Sides</b>	<b>Tracy Sides</b>		<b>7/23/2020</b>	<b>1300</b>	

ICS 204



# MODOC COVID-19/Gold Fire

## INCIDENT DOC

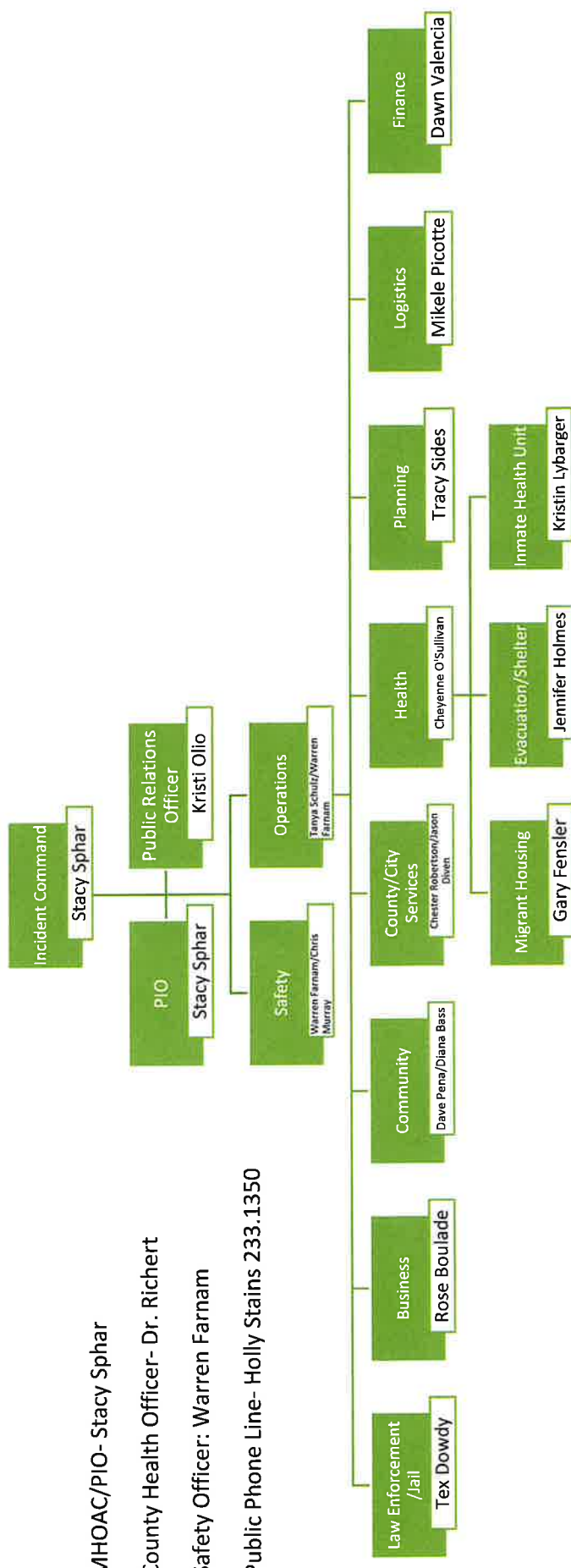


MHOAC/PIO- Stacy Sphar

County Health Officer- Dr. Richert

Safety Officer: Warren Farnam

Public Phone Line- Holly Stains 233.1350



### Contact Information for DOC:

IC-Stacy Sphar [stacysphar@co.modoc.ca.us](mailto:stacysphar@co.modoc.ca.us) 640.1109

County Admin- Chester Robertson [chesterrobertson@co.modoc.ca.us](mailto:chesterrobertson@co.modoc.ca.us)

Public Relations Officer- Kristi Olio [kristikolio@co.modoc.ca.us](mailto:kristikolio@co.modoc.ca.us) 514.8775

LE/Jail- Tex Dowdy [tdowdy@modocsheriff.us](mailto:tdowdy@modocsheriff.us) 640.0091

Operations – Warren Farnam [warrenfarnam@co.modoc.ca.us](mailto:warrenfarnam@co.modoc.ca.us) 640.6521

Business- Rose Boulade 640.4083

Tanya Schulz [tanyaschulz@co.modoc.ca.us](mailto:tanyaschulz@co.modoc.ca.us) 708.2891

Community- Dave Pena 562.445.9445/Diana Bass 708.1086

Safety- Warren Farnam [warrenfarnam@co.modoc.ca.us](mailto:warrenfarnam@co.modoc.ca.us) 640.6521

Medical Services- Cheyenne O'Sullivan [cheyenneO'Sullivan@co.modoc.ca.us](mailto:cheyenneO'Sullivan@co.modoc.ca.us) 708.2924

Chris Murray [chrismurray@co.modoc.ca.us](mailto:chrismurray@co.modoc.ca.us) 708.2143

City Services- Jason Diven [jdiven@cityofalturas.us](mailto:jdiven@cityofalturas.us) 640-2080

Logistics- Mikele Picotte [MHOAC@modocics.org](mailto:MHOAC@modocics.org) 640.1185/640.0192

Evac./Shelter- Jennifer Holmes [jenniferholmes@co.modoc.ca.us](mailto:jenniferholmes@co.modoc.ca.us) 708.2922


Planning- Tracy Sides [tracysides@co.modoc.ca.us](mailto:tracysides@co.modoc.ca.us) 233.8404

Migrant Housing- - Gary Fensler 233.6402

Finance- Dawn Valencia [dawnvalencia@co.modoc.ca.us](mailto:dawnvalencia@co.modoc.ca.us) 640.0192

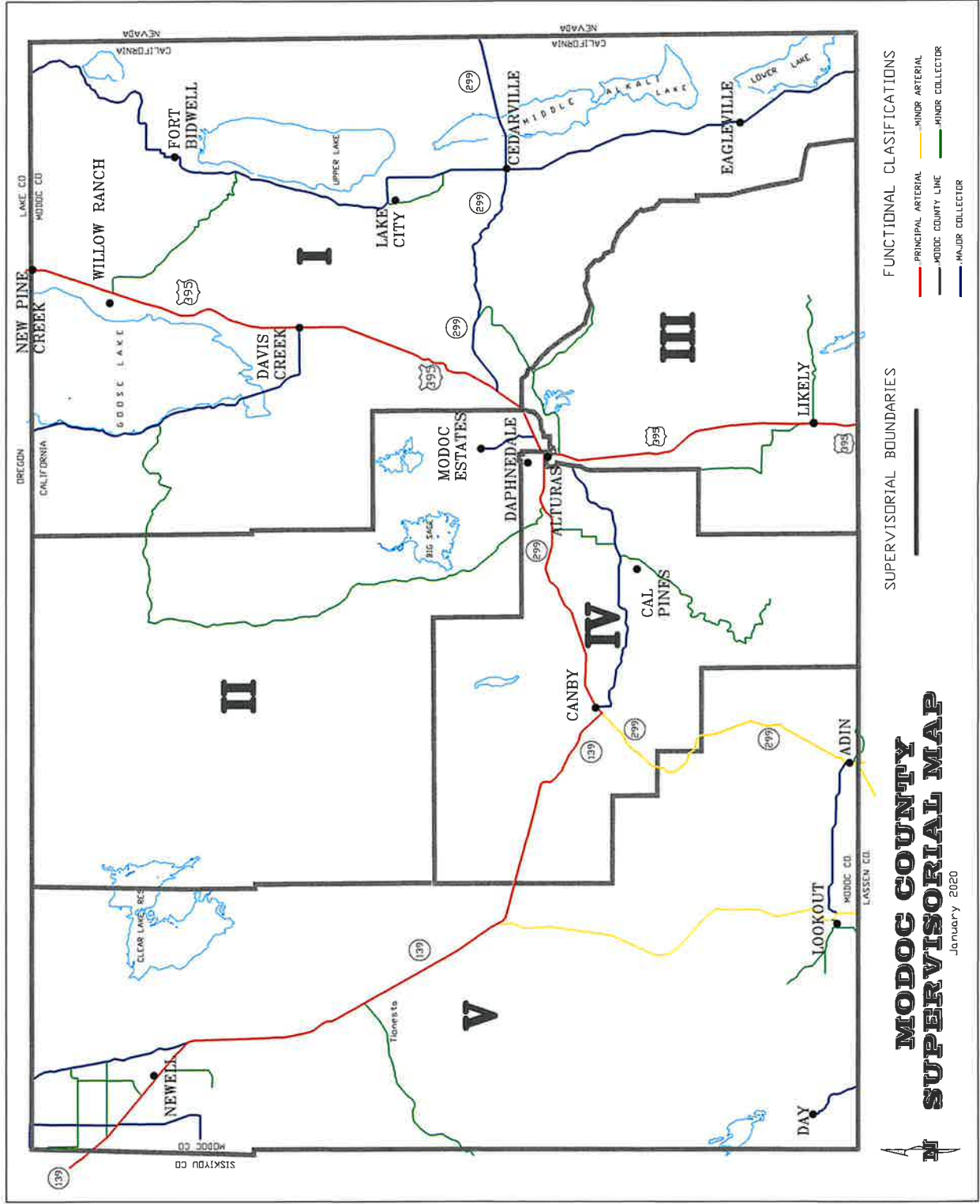
Inmate Health – Kristin Lybarger 233.6311

## Financial Message

<b>1. Incident Name:</b> MODOC COVID19	<b>2. Operational Period:</b> Date From: 7/16/20 Time From: 1700	Date To: 8/13/20 Time To: 1700
<b>3. Financial Message:</b>  <div style="margin-top: 20px;"><u><b>PH Employees</b></u><ul style="list-style-type: none"><li>● Complete 214's on a weekly basis. Please note COVID vs July Complex Fires.</li></ul></div>		
		
<b>5. Prepared by:</b> Name: Dawn Valencia      Position/Title: Chief Financial Officer		
	IAP Page _____	Date/Time: 7/27/2020


## ACTIVITY LOG (ICS 214)

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## Safety Message/Plan (ICS 208)

<b>1. Incident Name:</b> Modoc COVID-19	<b>2. Operational Period:</b> From: 16-July-20 1700 To: 13-August-20 1700
<b>3. Site Emergency Action Plan/Medical Plan:</b> <ul style="list-style-type: none"><li>All team members should follow the evacuation plan of the established facilities. Have two routes egress in mind in the event one is involved in the incident and unavailable.</li><li>Rally point for personnel will be in front of the Health Services parking lot.</li><li>This building does have an AED and First Aid kit in the front office area of Health Services.</li><li>For medical or other type emergency call 911.</li></ul>	
<b>4. Hazardous Areas/Work Prohibitions:</b> <ul style="list-style-type: none"><li>Keep aisle ways and walk ways clear of tripping hazards.</li><li>Walk and drive with caution.</li></ul>	
<b>5. Sanitation:</b> <ul style="list-style-type: none"><li>All personnel will follow proper sanitation practices including hand washing and social distancing.</li><li>Minimize cross contamination.</li><li>Read the SDS (Chemical Safety Data Sheet) prior to use of any sanitizer.</li><li><b>No personnel shall return from and infectious work site to the DOC without proper disinfection.</b></li></ul>	
<b>6. Security:</b> <ul style="list-style-type: none"><li>Please follow instructions for entry by Sheriff Office personnel.</li><li>Maintain situational awareness when outdoors.</li><li>Secure your vehicle and belongings, don't leave valuables in plain site</li></ul>	
<b>7. Weather:</b> <ul style="list-style-type: none"><li>Be prepared for inclement weather.</li><li>Have proper personal protective equipment</li></ul>	
<b>8. Personal Wellness</b> <ul style="list-style-type: none"><li>Your immune response is the best defense against this virus.</li><li>Stay hydrated- Drink plenty of water.</li><li>Eat often and healthy.</li><li>Get plenty of rest.</li><li>Practice good personal hygiene.</li><li>Talk to your family about preparedness to ease stress and reduce fear.</li><li>Utilize Social distancing and proper disinfection/sanitization practices. Always read the label for directions of use and any required PPE.</li><li>Get Local Health Alert Updates at: <a href="http://modochealthservices.org/">http://modochealthservices.org/</a> Help us, so we can help you. Please wear a mask.</li></ul>	
<b>9. Use of Personal Protective Equipment</b> <ul style="list-style-type: none"><li>Ensure you are properly trained on the use of required PPE.</li><li>CDC examples of proper donning and doffing of single use PPE is attached.</li></ul>	
<b>IF YOU SEE SOMETHING SAY SOMETHING!</b> If there are any kind of suspicious activities or articles left in the work area that does not belong to you or others, report it to supervisor and building security.	
<b>7. Safety Officer: Warren Farnam</b>	<b>Contact: (530-640-6521)</b>
<b>8. Prepared by: Warren Farnam</b>	<b>Signature:</b> 

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## SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:  
Modoc COVID-19

2. Operational Period:  
From: 16-July-20 1700  
To: 13-August-20 1700

### IMT Infection Control Practices

In order to promote a safe and healthy work environment, please complete the following steps at least daily:  
Utilizing a disinfecting wipe, wipe down the following surfaces (allow to air dry):

- Computers
- Workspaces
- Communal office accessories

**All clinical staff shall adhere to standard and transmission-based precautions guidelines**

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

<https://www.cdc.gov/coronavirus/>

<http://emsa.ca.gov/covid19/>

#### HAND HYGIENE

#### RESPIRATORY HYGIENE

##### HAND HYGIENE

- Before, during and after food preparation
- Before eating
- Before/after caring for potential ill people
- Before /after treating wound
- After using bathroom
- After blowing nose, coughing or sneezing
- After touching animal, animal food/treats, cages or waste
- Touching any time of waste
- Hand visibly dirty/greasy

\*If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.

- \* Do NOT use hand sanitizer if your hands are visibly contaminated with dirt or grease.

### Cover Your Cough and Sneeze The Right Way

Stop the spread of germs that make you and others sick

- ✓ Cover your mouth and nose with a tissue when you cough or sneeze.
- ✓ Or cough or sneeze into your upper sleeve.
- ✓ Put used tissue into the bin.
- ✓ Wash your hands or use a hand sanitizer.



Don't cover your cough and sneeze with your hands. You will end up spreading more germs via everything you touch.

7. Safety Officer: Warren Farnam

8. Prepared by: Warren Farnam

Signature:

A handwritten signature in blue ink, appearing to read 'W. Farnam', written over a horizontal line.

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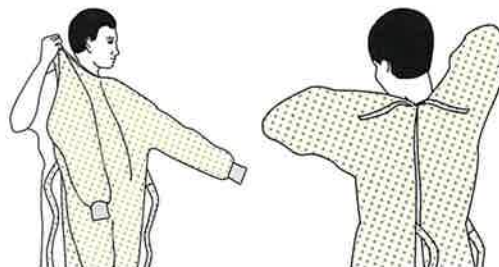


# SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

## 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



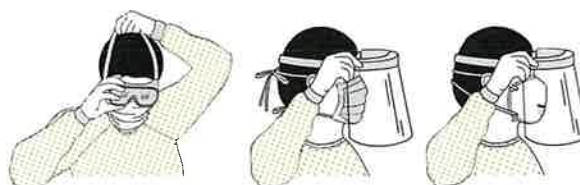
## 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



## 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



## 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



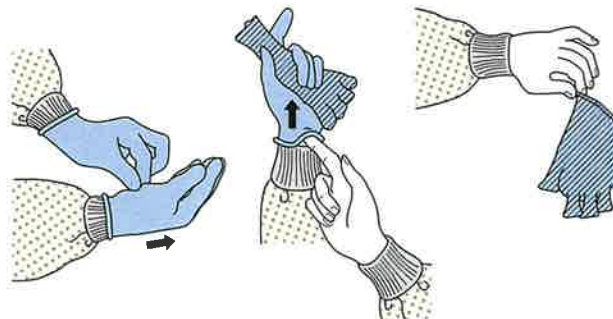
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



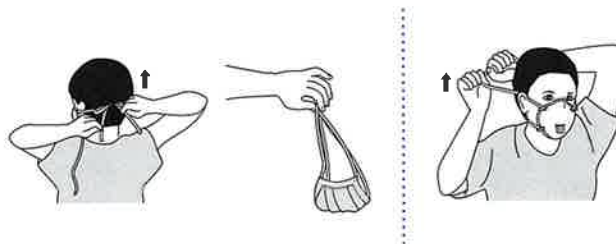
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

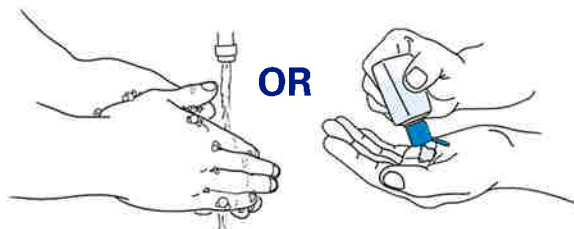


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**





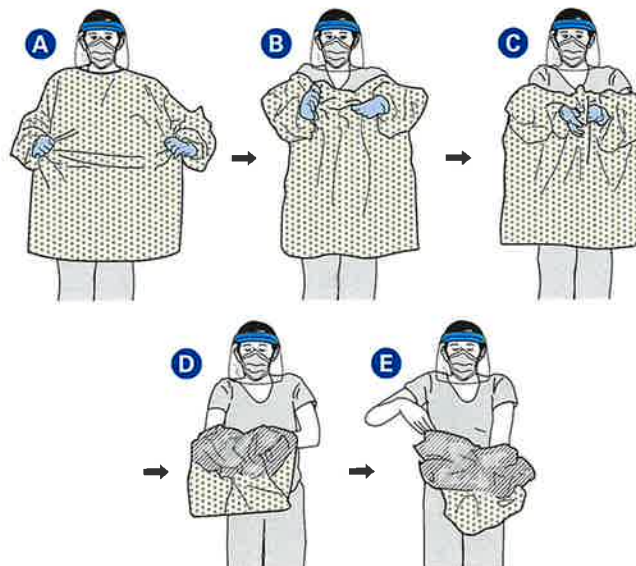
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



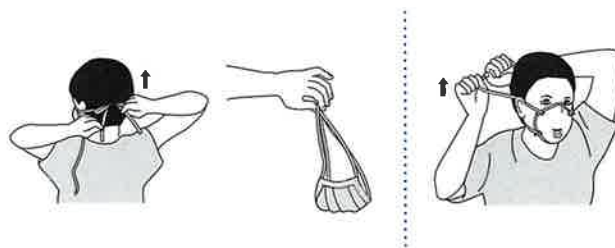
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

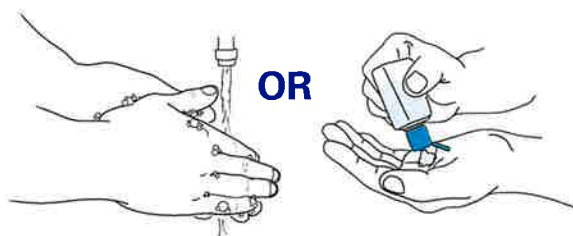


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
RANCHO CORDOVA, CA 95670  
(916) 322-4336

FAX (916) 324-2875



**Date:** April 6, 2020  
**To:** EMS Providers and Agencies  
**From:** Dave Duncan MD  
**Subject:** Guidance for EMS: COVID-19 precautions, exposures and illness

The outbreak of respiratory illness caused by the novel coronavirus (COVID-19) was first detected in China during December 2019, and has now been identified all over the world including diffuse spread throughout all the states in the US. We must remain vigilant with our approach to EMS patients who may have COVID-19. On March 4th, Governor Newsom declared a state of emergency in California regarding the novel coronavirus.

EMS Providers who believe they have experienced potential exposure to CoVid19 can follow this guidance as developed by the CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Best practices for management of the COVID-19 outbreak are dynamic due to the rapidly evolving situation and changing scientific knowledge. Centers for Disease Control and Prevention (CDC) guidance for [EMS providers](#) and [healthcare personnel](#) are continuously updated. All healthcare personnel should review these recommendations regularly.

### **EMS PERSONNEL MASKING RECOMMENDATIONS DURING THE COVID-19 OUTBREAK**

On April 1st, the [California Department of Public Health \(CDPH\)](#) offered guidance regarding [the general public wearing of face coverings](#). On April 3, CDC [recommended cloth face coverings in public settings](#).

EMS personnel should take the following precautions:

- Continue to wear N95 respirators (or equivalent) when likely to engage in aerosol-generating procedures OR **while encountering patients with aerosol-generating symptoms** (e.g., coughing, sneezing);
- **Place a surgical type mask on all EMS patients** at initial encounter, as tolerated;
- **Wear respiratory protection for every EMS response** (surgical type mask or higher level protection as indicated);
- Institute a 1-crew member "scout" procedure to determine the nature of the EMS contact and the appropriate level of crew PPE;
- Follow CDPH recommendations and guidance when on and off duty, including maintaining social distancing, frequent hand washing, and face coverings.

These interventions will help protect you as you protect our community – including asymptomatic transmission of the novel coronavirus.

A handwritten signature in blue ink, appearing to be 'JD'.

First Responder  
Potential Exposure  
CoVid19 Guidance

### **Return to Work Criteria for Healthcare Providers (HCP) with Confirmed or Suspected COVID-19 (with symptoms)**

Exclude from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed since symptoms first appeared
- If HCP tested negative or was never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

### **Return to Work Practices and Work Restrictions**

When returning to work, HCP should:

- Wear a surgical type mask at all times while in the healthcare facility until 14 days after onset of symptoms
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

If these guidelines cannot be met, worker should stay off work for 14 days after onset of illness

### **Crisis Strategies to Mitigate Staffing Shortages**

Healthcare systems, healthcare facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above

If HCP returns to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.



**NORTHERN CALIFORNIA EMS, INC.**  
930 Executive Way Suite 150, Redding, CA 96002-0635  
Phone: (530) 229-3979 Fax: (530) 229-3984

## MEMORANDUM

To: All Nor-Cal EMS / EMS System Providers  
From: Nor-Cal EMS  
Date: April 3, 2020  
Subject: Updated COVID-19 Interim EMS Guidance

The purpose of this memorandum is to provide updated direction to EMS system participants related to the current COVID-19 situation. This guidance is in coordination with S-SV EMS and effective immediately. We will continue to update it as necessary to reflect revised local, state and national guidelines.

### **SUMMARY OF KEY CHANGES FROM PREVIOUS GUIDANCE**

- Added new ambulance rider restrictions.
- Added new guidance on facemasks and respirators.
- Added new EMS workforce maintenance language based on 3/24/2020 guidance provided by the California EMS Authority.

### **Dispatch Call Screening**

Dispatch centers who choose to utilize a modified caller query, continue to be directed to ask callers/patients the following two (2) 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 shortness of breath?"

For any caller/patient who answers affirmatively to either question, this information shall be communicated to EMS personnel before arrival on scene in order to allow for use of appropriate personal protective equipment (PPE). Dispatch centers are advised against using phrasing such as "no PPE required", "call screen negative", or other similar wording. It is recommended that EMS personnel are only advised when a caller/patient answers affirmatively to one of the above call screening questions. Regardless of whether or not a dispatch center is utilizing a modified caller query, EMS personnel should remain vigilant. Patients should be evaluated for risk factors as soon as possible

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upon initial contact, and appropriate precautions should be immediately taken if necessary.

## **CDC Criteria to Guide Evaluation of PUI for COVID-19**

EMS personnel should use their judgment to determine if a patient has signs and symptoms compatible with 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 upper respiratory symptoms.

## **EMS Patient Assessment & Treatment**

- EMS personnel should exercise adequate precautions when responding to any patient with signs or symptoms of a respiratory infection. The following procedures should be utilized to minimize possible exposures:
  - 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 by a single EMS caregiver, and from a distance of at least six (6) feet from the patient. 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.
- If COVID-19 is not suspected, EMS personnel shall follow standard procedures and use appropriate PPE for routine evaluation of patients with a potential respiratory infection.
- **If COVID-19 is Suspected:**
  - Continue to involve the fewest EMS personnel required for the duration of the call, to minimize possible exposures.
  - EMS 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).
      - N95 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.
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- AEMT & paramedic personnel may temporarily utilize albuterol metered dose inhalers (MDI's), in place of nebulized breathing treatments, for patients suffering from bronchospasm. Use of MDI's is optional for those EMS providers who wish to purchase/utilize them. A patient's own MDI may also be utilized by prehospital personnel when available and clinically appropriate. A just in time training document related to the use of MDI's is attached to this bulletin.
- 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 EMS 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, BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
  - 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.
  - If EMS personnel are treating/transporting a patient with an aerosol-generating procedure, they shall notify the receiving facility during their pre-arrival report of the type of procedure being utilized and provide a clear picture of the patient's condition. They shall also obtain further guidance from the receiving hospital on whether to continue, discontinue, or complete the procedure. Prehospital personnel shall adequately document, on the electronic patient care report, any hospital order to stop an aerosol-generating procedure.

## **EMS 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, EMS provider agencies should do the following:
  - Develop a plan for how they will screen for symptoms and evaluate ill employees.
    - This plan could include having employees report absence of fever and symptoms prior to starting work each day.
  - Ask employees to report recognized exposures.
  - In consultation with their occupational health program (or local public health department where applicable), consider allowing asymptomatic employees who have had an exposure to a COVID-19 patient to continue to work.
    - These employees should report temperature and absence of symptoms each day prior to starting work.
    - If there is a sufficient supply of facemasks, consider having exposed employees wear a facemask while at work for 14 days after the exposure event.
  - 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 or occupational health services prior to leaving work.

## **Ambulance Rider Restrictions**

Effective immediately, and for the duration of the COVID-19 pandemic response, the following ambulance rider restrictions are being implemented for all Nor-Cal EMS transport providers:

- Due to COVID-19 concerns, many emergency departments are restricting family member visits. EMS personnel should not transport anyone but the patient except in the following circumstances:
  - A family member/representative of a minor patient, patient without capacity, or patient in extremis.
- All ride-alongs for non-essential personnel should be cancelled.
- If provider agency policies allow, paramedic internships may continue under the following conditions:
  - The paramedic intern has been properly fit-tested by their training program and/or the provider agency they are assigned to.
  - There are sufficient quantities of PPE for the paramedic intern, supplied by the training program and/or the provider agency they are assigned to.



## Guidance on Facemasks and N95 Respirators

- 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 presymptomatic 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/2019ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>).

## EMS Workforce Maintenance

In order to implement the Governor's order and consistent with the recommendations of the U.S. Center for Disease Control and Prevention (CDC) and the California Department of Public Health, the California EMS Authority is recommending prehospital care service providers to implement the following actions:

- Encourage employees to call in prior to their shift if they are experiencing an illness or COVID-19 or influenza like symptoms. Direct employees to be evaluated by employee wellness or primary care physician before reporting for work.
- 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.
- Employees who become ill or exhibit COVID-19 or influenza like symptoms while working should be removed from the healthcare setting and referred to an appropriate healthcare provider for evaluation and treatment.
- Consistent with CDC recommendations prehospital care personnel that have experienced a low, medium, or high-risk exposure to a COVID-19 positive patient and are asymptomatic should be allowed to work. These personnel should still report temperature and absence of symptoms each day prior to starting work and should wear a facemask (surgical or N95) while at work for 14 days after the exposure. If these personnel develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.



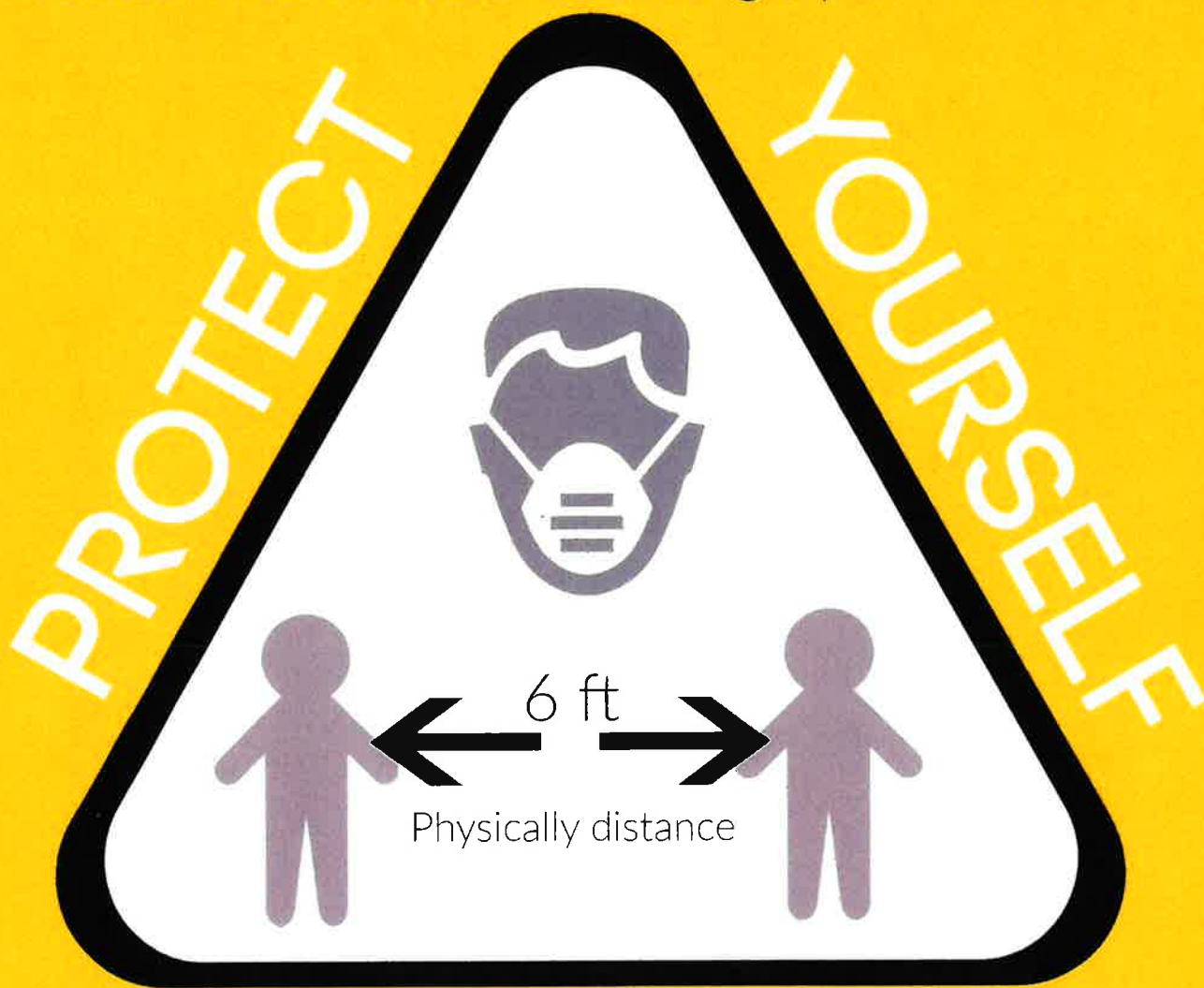


This guidance does not preclude an individual EMS provider agency or local public health department that wishes to implement stricter guidance from doing so. EMS provider agencies should continue to consult with their local public health department as necessary on any additional guidance for EMS personnel monitoring and surveillance.



# MASK UP MODOC

Please wear a face covering upon entrance



## AND OTHERS!

People with no or few symptoms of COVID-19 can still spread the disease and that the use of face coverings, combined with physical distancing and frequent hand washing will reduce the spread of COVID-19.

When you wear a mask, you protect others. When others wear a mask, they protect you.

We all need to do our part for Modoc County.



**MCPH**  
Modoc County  
Public Health

