



## City of Kirkland COVID-19 Response as of March 17, 2020

The following is a list of topics and items that the City of Kirkland (“City”) has had to consider or address in response to the COVID19 outbreak starting February 29, 2020. This response is dynamic, complex, and ever changing. We do not represent that this list is complete or that it or the practices it describes will not change. Our response has been based significantly on health care protocols and directives that have themselves changed and evolved in response to the outbreak. This outline is not intended to offer legal or medical advice, and we would refer you to those professionals with any questions you have. For its part, the City has been following direction from relevant health care authorities, including the Seattle-King County Health Department, Washington Department of Health and the federal Center for Disease Control.

Starting February 27<sup>th</sup>, the Kirkland Fire department identified a trend of increased responses to Life Care Center of Kirkland, a long-term skilled nursing facility, for a flu-like illness. This concern was reported to the local public health.

The Emergency Manager met with the City Manager the afternoon of February 28<sup>th</sup> to discuss establishing a taskforce to plan for COVID-19 in the community. The first taskforce meeting was planned for March 3<sup>rd</sup>.

February 28<sup>th</sup> at 2227 Kirkland Fire and Emergency Management were simultaneously notified of the death of a COVID-19 positive patient at the local hospital, EvergreenHealth. The EOC was opened at 0200 on February 29<sup>th</sup> to serve as the Command Post for the City’s response to COVID-19. The Fire & Police Chief established a Unified Command for the Operations section

The bullet points are provided as topics of consideration. When a bullet starts with “Kirkland” this is specific to actions or decisions the City made.

For specific questions or more information please email your request to [EOC@kirkandwa.gov](mailto:EOC@kirkandwa.gov) and staff will route or identify answer as able.

## Policy Topics

- Definitions: for quarantine/isolation/exposure/"prolonged" contact
  - Needs to be coordinated with local health official
  - Kirkland – followed Public Health Seattle & King County definitions
- Transport criteria (fever degree, cough, shortness of breath)
  - Needs to be coordinated with local health official, local hospital, and EMS oversight
  - Kirkland – Criteria was established by Public Health Seattle & King County and implemented by local dispatch center
- Return to work protocol
  - For quarantine due to exposure, symptomatic with negative COVID19 test, symptomatic with positive COVID19 test
  - For a variety of staff
    - Healthcare providers
    - First Responders
    - Government roles not linked to patient care
    - General businesses
  - Coordinate with medical professionals or follow CDC or other official source for guidance
  - Kirkland – worked with Public Health Seattle & King County for direction
- Information management and security protocol (i.e., HIPPA)
  - Additional staff will be needed to manage large scale tracking of quarantine and isolation – train surge staff in HIPPA as required before it is needed.
- Housing for quarantine/isolation
  - Quarantine
    - Separate areas but can be in same space if social distancing 6 feet
    - Can have common area for meal prep and socializing with social distancing
    - Kirkland – used stand-alone building that had empty office space and break room converted into bedrooms and kitchen, also had shower.
    - Kirkland – had to obtain beds, furniture, fridge, bedding, basic cooking/food prep items, kitchen supplies (dishes, pans, etc.), laptops and monitors for rooms, TV, staples (seasonings, towels, soap, etc.), and exercise equipment
  - Isolation
    - Separate areas all the time, should not be interacting
    - Need schedule for meal prep with time between use for cleaning and airing out
    - Kirkland – used fire station, symptomatic staff were already there, so site was “dirty” and contained all the necessary items
    - Kirkland – still had to support individual needs (meal requirements, hygiene needs, etc.)
  - Need to coordinate facility use with jurisdictions outside of Kirkland



- Law Enforcement, Fire/EMS, legal, City leaders
- They may or may not want the site in their jurisdiction
  - Could add call volume or risk to staff or concerns from neighbors to the site
  - But possibility that the other jurisdiction might also be able to use
- Need to plan for medical or fire response in a COVID-19 positive facility or quarantine or isolation site.
- Coordination with partners about who reports what
  - Consider reporting of exposures, positive cases, deaths, facilities with positive cases
    - Encourage finding ways to limit the “numbers game” as it gets complicated fast, may not be accurate at any given moment, and leaves room for the perception that something is being hidden
  - Kirkland - Reported confirmed cases, deaths, and facilities (number only not names) as provided by Public Health Seattle & King County
- Establish a process for end of life situations
  - Including who conducts death report
    - Depends on local laws
    - If law enforcement does the report, it could add to exposures
    - Kirkland – Police in full PPE for death investigations in known COVID 19 facility and use of PPE if suspected COVID 19 situations
    - Consider reducing the number of Officers who enter the hot zone for the death investigation to conserve PPE
  - Post-mortem testing
    - Determine who obtains a sample and how test is processed
      - Post-mortem may require sample tissue sent to CDC
      - Not a Kirkland responsibility
  - Engage in conversation with coroner or medical examiner in advance
  - Prepare a mass fatality plan, as numbers can add up quickly
- Identification of facilities/locations with COVID-19 at risk populations –
  - Map all risk locations
    - Skilled/long term nursing facilities
    - Shelters
    - Group homes
    - Specialty centers – Psychiatric centers, dialysis centers, etc.,
  - Demographics – number of residents/clients, type of needs/limits
  - Communications considerations
    - Language(s) spoken
    - Method of information intake (social media vs print vs television vs face to face)
  - Kirkland – City GIS team used open source data to identify facilities in Kirkland to monitor for public health reports or increased call trends



- Continuity of operations plans that include health incident strategies
  - Identify essential services and key staff to sustain services
  - Ability to support a “virtual city hall” to provide essential services to community as best as possible in changing environment
  - Plans to implement NPI – Social distancing, hand washing, no handshaking, limiting transfer of papers/money by hand, cleaning practices.
  - Consider all sites not just City Hall (police department lobby, jail, courts, libraries, after school programs, parks, outdoor restrooms, etc.)
  - Kirkland – had a robust COOP/COG plan, added “health incident” appendix February 4th. This appendix was provided to departments on Feb 11<sup>th</sup>, with instructions to initiate planning for how to implement hygiene and social distancing strategies in their daily operations, just in case
- Work with health officials to clarify/determine who will be tested for what and when
  - Symptomatic, asymptomatic, exposed, close contact, in general, etc.
  - Clarify where, when, and how testing will occur
  - Establish a process for reporting test results
- Ride-along Status
  - Media wants to ride with responders
  - Kirkland – all ride-along opportunities were suspended for Fire and Police
- Jail programs
  - All programs were suspended
  - Increased screening prior to allowing entrance into the facility
  - Inmates medically screened every day instead of just at intake
- Photo policy
  - Media requested to photograph personnel in quarantine and isolation
  - Kirkland – denied all media requests for photos of personnel at sites, maintained existing department photography policies for personnel
- Labor unions should be engaged early – pre-incident if possible
  - Review collective bargaining agreements to understand overtime, leave time, donation of leave policies, alternative work schedules, tasks and potential impacts
  - Not just for first responders but all represented staff
- Confirm or determine with Labor and Industries what classification time spent in quarantine or isolation.
  - “Pandemic leave,” sick leave, administrative leave, shared leave banks, L&I claims, etc.
- Equipment sharing
  - Have loan policies and procedures established
  - This could be first response equipment, response units, stations
  - Could be between departments or with external partners
- Confirm telecommute policies are established
  - Verify technology and training is in place to support actions
  - Work from home agreements



- Understand what activities can and cannot be done virtual – example Concealed Pistol Licenses “shall” be processed in 30 days. Applications can be processed electronically but all persons still must be fingerprinted.
- Kirkland – COOP plan established telework capability and policy, implemented based on City Manager direction in connection with manager for special situations

## Responder/Healthcare workers

- Identify a method for staffing to maintain response capability during absenteeism
  - Consider overtime, mutual aid, call back, regional/state resources
  - Monitor for fatigue, burnout, decline in general health of those on overtime
  - Kirkland – was able to sustain service level through minimum staffing filled by Kirkland Firefighters on overtime.
- Wear appropriate PPE on COVID-19 possible response calls (mask, gloves, gowns, goggles for all), and include for all potential personnel involved (including Chaplain and law enforcement)
- Screen all non-emergency 9-1-1 calls and indicate on dispatch calls what type of PPE is required based on nature of call
- Modify information/records management to document PPE needed and worn on calls
- Determine method to track first responders, healthcare workers (nurses, aids, therapists) that may respond to or travel and work at multiple facilities
- Use compression only or alternative devices for CPR in high risk or COVID suspected situations
  - In coordination with local health officials/EMS oversight
- Limit exposure
  - Limit the number of responders who enter a location
  - Kirkland - Recommend patient come outside rather than responders enter – if able – this includes at care facilities
  - Kirkland – If not an immediate life-threatening situation (CPR call) have one responder use full PPE and make patient contact to triage the situation, then advise rest of crew of recommended PPE level
- Fit-test N95 masks before needed
  - Include Law Enforcement, the Jail, Chaplin, and others field responders
- Change HEPA filters on respiratory therapy equipment
  - Kirkland – switched to HEPA filter on bag valve mask
- Add donning/doffing PPE details to safety guidance
  - Particularly if non-first responders begin using gloves as proactive measure when handling cash or documents (permits, license, passports, etc.)
  - Kirkland – provided non-medical grade disposable gloves (food handling gloves) to front counter staff who accept payments or documents from public. EMS Captain provided donning and doffing training.
  - Kirkland – provided surgical masks to the Jail to be worn by symptomatic inmates.



- Establish a recall process for first responders off site who need to comply with exposure actions
  - Consider staff that live out of area or may be on vacation
  - Specific requirements by the local health official may need to be met
    - To fly or not to fly
    - Rental vehicle requirements for decontamination
      - Leather, large space, air conditioning
      - Rental agency understanding and acceptance of use

## Communications

- Communicate information, changes, updates in the following order
  - Impacted population first (first responders, COVID site)
  - Family of impacted population
  - Community of impact (could be jurisdiction or agency staff, or local community)
  - Public and media in general
- Establish roles of Incident/Lead PIO and Jurisdiction Communications Manager
  - Lead PIO speaks to incident information
  - Jurisdiction works with elected leaders, City voice
  - Kirkland – Lead PIO was Public Health – Seattle & King County, City PIO was City Communications Manager
- Consistent daily communications
  - With individuals in quarantine or isolation
    - Kirkland - Used auto-dialer script for patient outreach
    - Kirkland - Headsets on phones expedited process (type while talk)
  - Leadership needs to speak - particularly to impacted responders and jurisdictional community and organizations
    - Need guidance on crisis vs outrage communications
    - Need to stay in lane, defer to those with expertise while keeping public generally up to date
    - Kirkland – coordinated through the Joint Information Center (JIC)
  - Used a technology resource to expedite connection with patients being monitored in quarantine/isolation
    - Kirkland - Modified the ArcGIS system the city uses as it provides secured communications. Significantly streamlined patient outreach.
- Identify a single source for technical/health information (public health website)
  - Kirkland – Linked all City sites to Public Health – Seattle & King County

## EOC/Command Staffing

- Establish specialized teams to manage areas of operations
  - Kirkland- established
    - Medical monitoring group - tracked symptoms and status of first responders in quarantine and isolation



- Health services group - partnered with local health department to coordinate and track surveillance of situation, EMS protocols, and standards of care
- Identify specialized training and succession planning for specialized teams – this is a marathon not a sprint
- EOC staff should be familiar with responder procedures and policies to facilitate support
  - Kirkland – each EOC section chief briefed staff on basics of incident, responder practices, and long-term vision.
- Start staff planning early – need consistent mechanism to elicit availability and schedule staff – account for absenteeism (sick, sick family, school closures, fear)
  - Kirkland – leveraged human resources to work with Directors to obtain availability and staff positions
  - Kirkland – had been training and exercising approximately 120 employees to work in the EOC over the past 2 years, this allowed for adequate sustained staffing

## Resources/Supplies

- Identify/stock up on key resources early
  - PPE – multiple levels, cleaning/sanitizer for facilities/units, hand wipes or Purell for all staff
  - Inventory now consider contracting or procuring if you can find items
    - Report price gouging to appropriate legal point
  - Kirkland – February 29th contacted all supplies (after hours) to procure items, including picking up and loading from warehouse that night. Got in que for reorders
- Consider assigning/adding designated transport vehicle for COVID-19 patients to minimize exposures and the need for decontamination of multiple units
  - Includes establishing decontamination procedures
  - Leverage or obtain equipment to assist in rapid decontamination
  - Kirkland – Staffed additional aid car designated for COVID-19
  - Kirkland – Obtained electrostatic decontamination sprayers to facilitate limited out of service time between high risk responses for use by fire, police and jail vehicles
- Identify designated spaces for confidential conversations and secure information storage
  - This may be beyond normal EOC storage – need to comply with HIPPA
  - Kirkland – converted Radio room and Call Center into HIPPA compliant rooms
- More people working 24/7 means more janitorial/waste management needs
  - This includes EOC, fire stations, police department, jail, quarantine and isolation sites
  - Kirkland - Amount, frequency, and type of cleaning had to be increased
- Meals for variety of locations needed consideration
  - Catering (limit potential for exposure, need for box lunches vs. buffet)
  - Quarantine and Isolation sites – specific needs/orders for food



- Dietary considerations
      - Keto, gluten free, vegan, diabetic, etc.
  - Donations
    - Decide early if and what will be accepted and how it will be managed
    - Financial, supplies, food, etc., - if they can give it they will offer!
    - Kirkland – Referred financial donations to local charities supporting COVID 19 (Hospital, fire, police)
    - Kirkland – Did not accept food unless provided by actual restaurant and then had them deliver to fire and police stations for on duty crews
    - Kirkland – Used social media to inform and direct people on appropriate actions
  - Research and identify list of vendors for unique/uncommon items for COVID-19
    - Not all vendors will rent/loan for COVID-19 needs
    - Supplies, housing, cleaning contractors, food service, etc.
  - Have IT readily available for support
    - In EOC
    - To build capability on the fly
  - Stock thermometers, personal hygiene kits, materials to maintain privacy
  - Consider loaner laptops for quarantine and isolation sites
    - Including larger monitors for isolation when they are spending most of the time in own space
    - Kirkland- IT repurposed surplus units for sites to provide each person with resources

## Reporting

- Early and thorough documentation
  - Consider setting specific “run code” for COVID-19 that is consistent from dispatch to end of call
  - Document PPE used on all calls consistently
- SurveyMonkey may have HIPPA-compliant option to assist with tracking

