

(Medical) Safety officer Role/ Responsibilities – COVID-19

Date: \_\_\_\_\_ Mission DEM: \_\_\_\_\_ Medical Officer: \_\_\_\_\_

These roles/responsibilities are advisory in nature and may change in scope from mission to mission. Not all agencies participating in a mission may recognize the authority of the Safety Officer or the King County SAR safety protocols. Any concerns on scope or authority should be reviewed with the IC and General staff.

## Tasks:

☐ In Route:

- When SAR duty officer (Deputy) pages out a request for OL's to contact him, call the deputy and request a briefing of the situation and subject condition.
  - Ask if COVID screening was performed by dispatch and the result
  - Ask other health and safety relevant planning and preparation questions
- Do not call from a blocked number

☐ On arrival at Scene

- Check in with IC, Ops Chief, and unit OL's for mission status.
- Advise/Discuss with the mission management team:
  - Whether trails should be closed/managed, to reduce interactions with public, media, and other agencies.
  - Confirm teams are 4 people max.
  - Use of Hasty or Scout team for first contact with subject
- Continuously evaluate the need for establishing/delegating a Field safety officer (responsible for these elements in the field) on larger responses. This is recommended for all evacs.

☐ Monitor Social distancing in base:

- Encourage all responders to follow CDC guidelines
- Encourage 6' minimum distancing whenever possible, farther if responders are under physical exertion.
  - Tactfully Disperse groups that gather in base
  - Monitor and enforce no-entry in comms van without specific mission need. Encourage communication through side windows if possible.
- Manage responders and track if they have been instructed to wait in car until teams are assembled and sent into the field.

☐ Responder sign in:

- Establish stations for these checks. This can be delegated if needed
  - Oversee roster sign in
    - Keep responders 6 feet from each other to sign in, one at a time
    - Or
    - Sign in on behalf of responder
  - Oversee Health Verification occurs
    - Question/Verify that responder is not sick in any way
      - Start by asking if the responder has reviewed the CDC/COVID screening checklist and if they are good:
        - If Yes, move on to next item.
        - If No, review Health Checklist and current health fitness with responder

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- Mask Wearing
  - Facial hair needs to fit under the seal of an N-95 Mask
    - If this cannot occur, responders may be prohibited from tasks that could require a mask
    - These responders should utilize a Surgical style mask when social distancing is not possible.
- PPE/Equipment Management
  - Evaluate and help assess necessary PPE for specific teams based on their assignment
    - Hand out sanitized radios and gear to responders (or delegate task)
    - Distribute hand sanitizer and masks to teams headed into the field (go bags)
  - For litter pack outs, ensure clear face shield for patient is available and sent with the litter.
  - Ensure use of “ICS 114 COVID”, which will track what team/responder has what PPE and notable team activities, such as any subject interaction, or changes to team makeup.
    - Full names should be used to assist with contact tracing efforts if needed

☐ Conduct Team Brief. Perform team briefing on details of assignment, medical considerations, and review PPE use as needed.

- Considerations
  - Encourage individuals to self transport when possible, discourage carpooling or 4x4 transport.
  - Is a hasty team or “scout” team approach being utilized for first contact with subject.
    - Discuss
      - Hiking 6’ + apart
      - Maintaining social distancing from fellow SAR/public while staging
      - If an evac, public will need to wait to pass litter until it can be done with 6’ distancing
    - Gear use
      - Search Missions: promote social distancing, provide PPE kits to teams.
      - Evac Missions: litter handlers use surgical or N95 masks
      - Litter Subject: Preferably with an N95 non valve mask, or surgical mask if patient has no issues breathing. Encourage use of face shield.

☐ Return of Gear / Decon

- For those with patient or other close contact, encourage a change of clothing, safely bag soft goods, and store several days or wash at home.
- Collect community equipment as it is returned from the field and decon hard goods such as:
  - Litter/Wheel
  - GPS units
  - Radios
  - Face Shield
- Observe and assist with unpacking subject/litter and collect equipment/soft goods.
  - Bag any equipment that cannot be cleaned, write date can be opened (recommendation is 5 days).
  - Minimize where possible any gear/equipment/supplies that go with subject to the hospital.
- Observe and assist with responder decon, or processes to safely bag soft goods
- Provide bag for each responder and instructions to launder immediately
- Confirm with OL/IC when decon is complete and provide status update.

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☐ Debrief

- Verify all equipment and personal gear has been returned and deconned
- Document any possible COVID exposures/concerns
- Confirm “ICS 114 COVID” has been completed by TL’s and command staff