City of
SACRAMENTO
Department of Human Resources

April 8, 2020

Robert Knaggs
Sacramento Area Fire Fighters Local 522
3720 Folsom Boulevard
Sacramento, California 95816

RE: Letter of Understanding-Mobile Integrated Health Program-COVID-19

Dear Robert:

This Letter of Understanding (LOU) confirms the agreement reached between the City of Sacramento (City) and the Sacramento Area Fire Fighters, Local 522 (Local 522) (collectively, the Parties) regarding the above referenced matter.

Specifically, the Agreement is as follows:

1. This LOU creates the Mobile Integrated Health Program (MIHP), related to the City's response to the COVID-19 pandemic. This LOU, and the MIHP, will terminate automatically on June 19, 2020. The MIHP will run based on need and call volume related to COVID-19, as directed by the City and the Sacramento County Medical Director. The City may terminate this LOU in its discretion, but if the City elects to terminate the MIHP prior to June 19, 2020, the City will provide Local 522 written notice seven calendar days in advance of the new termination date.

2. The City will utilize up to two (2) ambulances and dedicate as many as four (4) Firefighter Paramedics for the MIHP. The City participants will work with an Advanced Level Practitioner, as directed by the County Medical Director. City employees assigned to the MIHP will report to City of Sacramento Fire Captain Robert Walters for the duration of the assignment.

3. The City will seek volunteers from eligible personnel. Participating employees must hold a valid paramedic license. Participants will be selected for program participation based on City service seniority, with those highest in seniority selected for the MIHP. If a selected employee is unable to complete the assignment due to illness or other unforeseen reason, the City will assign the next employee on the volunteer list. The City will only use volunteers for the MIHP for participants and to fill any vacancies.

4. Participating employees will be moved to an administrative assignment from a 56-hour workweek to a 40-hour workweek beginning April 11, 2020. With the exception of Section 10.1, the provisions of Article 10 (Administrative Assignment Pay) of the MOU shall be applicable to MIHP participants. Notwithstanding the foregoing, and contrary to Section 10.2 (b), the City only

Labor Relations Division
Main: (916) 808-5424; Fax: (916) 307-6163
915 I Street, Historic City Hall, Suite 106
Sacramento, CA 95814-2604

need provide an MIHP participant seven (7) days' notice of any change to his or her schedule in the MIHP. Employees will return to their prior assignment at the end of their participation in the MIHP.

5. Program participants will be placed in the wage step on the table below that corresponds to the step they occupy in their current classification. Upon completion of their participation in the MIHP, participating employees will return to their previous salary schedule at the appropriate salary step.

Classification	Step 1	Step 2	Step 3	Step 4	Step 5
Fire Captain	47.941286	50.338350	52.855267	55.498030	58.272932
Fire Engineer	42.435703	44.557488	46.785362	49.124630	51.580862
Firefighter	35.678484	37.462408	39.335528	41.302304	43.367419

6. For the duration of their participation in the MIHP, participating employees will receive Medic Assignment Pay of 7.5% of the base rate of pay described in section 5 of this LOU for all hour worked in the MIHP. This pay is additive and does not compound with any other pay or benefit.

7. For the duration of their participation in the MIHP, participating employees will receive an administrative incentive of nine and one-half percent (9.5%) of their base rate of pay described in section 5 of this LOU for all hours worked in the MIHP. This incentive will immediately terminate upon termination of the MIHP. This pay is additive and does not compound with any other pay or benefit.

8. Local 522 acknowledges that participation in the MIHP does not qualify MIHP participants for any other incentives in the MOU. Incentives that are earned independent of participation in the MIHP will not be affected by this paragraph.

9. The protocols for response to exposure by MIHP participants to COVID-19 shall be governed by County of Sacramento Emergency Medical Services Agency Document No. 5200.06 (as amended during the MIHP), attached hereto as **Exhibit A.** However, consistent with Section 23.6, any MIHP participant will continue to be compensated consistent with their MIHP assignment and will not be charged sick leave for the duration of any leave, quarantine or isolation order made pursuant to **Exhibit A.**

10. This agreement memorializes and constitutes the entire understanding between the parties as to all matters referred to or included herein.

This agreement does not establish a precedent, nor does it interpret any employee rights under the language of the Labor Agreements, the Rules and Regulations of the Civil Service Board, or any applicable

City of
SACRAMENTO
Department of Human Resources

policies and procedures of the Fire Department or the City of Sacramento except as expressly stated herein.

If this is your understanding of the agreement reached, please sign as indicated below and return one (1) original copy to Labor Relations. I have enclosed an additional original for your files.

Sincerely,

Leslie Wisniewski
Labor Relations Officer

AGREED TO:

Howard Chan (Apr 15, 2020)
Howard Chan
City Manager

AGREED TO:

Aaron Donato
Labor Relations Manager

AGREED TO:

Shelley Banks-Robinson
Director, Human Resources

AGREED TO:

Chris Andrew
President, Local 522

AGREED TO:

Robert Knaggs
Robert Knaggs (Apr 14, 2020)

Robert Knaggs
Vice President, Local 522

Labor Relations Division
Main: (916) 808-5424; Fax: (916) 307-6163
915 I Street, Historic City Hall, Suite 106
Sacramento, CA 95814-2604

City of
SACRAMENTO
Department of Human Resources

APPROVED AS TO FORM:

Brett M. Witter
Brett M. Witter (Apr 14, 2020)

Brett M. Witter
Supervising Deputy City Attorney

Labor Relations Division
Main: (916) 808-5424; Fax: (916) 307-6163
915 I Street, Historic City Hall, Suite 106
Sacramento, CA 95814-2604

Exhibit A

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5200.06
	PROGRAM DOCUMENT: **Emerging Infectious Diseases 2019 Coronavirus (COVID-19) **EFFECTIVE IMMEDIATELY****	Draft Date:	11/24/14
		Effective:	03/24/20
		Revised:	03/23/20
		Review:	06/01/21

Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To specify the procedures to be followed when COVID-19 infectious disease is suspected during emergency call taking and response; or confirmed prior to interfacility transport.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Definitions:

A. SARS-CoV-19 – The Coronavirus identified in 2019 as the cause of COVID-19
B. COVID-19 – The disease caused by SARS-CoV-19
C. Confirmed case: Patient with laboratory confirmation of emerging infectious disease.

Protocol:

A. This Policy is effective immediately in response to the current COVID-19 emerging infectious disease pandemic and shall remain in effect until terminated by the Medial Director or Public Health Officer (PHO).

Notes for Call-Takers:

A. According to Sacramento Public Health, as of March 10, 2020 there is local community spread of COVID-19 occurring in Sacramento County. In the current situation, any patient with symptoms of a respiratory infection with or without a fever potentially has COVID-19.
B. According to recent studies COVID-19 symptoms include cough (68%), fever on admission (44%), fatigue (38%), sputum production (34%), shortness of breath (19%), sore throat (14%), headache (14%), and other upper respiratory symptoms.
C. In general, if the call takers suspect a caller is reporting symptoms of an infectious respiratory illness, they shall screen callers for symptoms. If there are symptoms, immediately inform the responding EMS personnel that the patient may have an infectious respiratory illness.
D. If there are NO symptoms of an infectious respiratory illness, proceed with normal call taking and dispatch duties.

MPDS SCREENING QUESTIONS:

A. The following is required if your agency utilizes the International Academy of Emergency Dispatch (IAED) – Medical Priority Dispatch System (MPDS), Advanced Emergency Medical Dispatch (EMD) protocol in dispatch centers serving in the Sacramento County EMS Agency.
   1. Use the Emerging Infectious Disease Surveillance (EIDS) Tool for the following Chief Complaints:
      - Sick Person (Protocol 26)
      - Breathing Problems (Protocol 6)
   2. The EIDS Tool should be used in all situations where the caller offers information that would lead the Emergency Medical Dispatcher (EMD) to suspect a respiratory-type illness**.**
B. The EIDS Tool questions shall reflect current CDC COVID-19 screening criteria as follows:
   1. Clinical Features: Symptoms of lower respiratory illness (cough, shortness of breath, difficulty breathing, sputum production), with or without fever.
C. For any call which screens "positive" for clinical features, immediately follow internal pre-established protocols to inform EMS personnel that the patient may have an infectious respiratory illness.
D. Field crews are responsible for early notification of the receiving hospital so that they can adequately prepare their staff for a patient with a possible contagious disease.
E. **If the call screens "negative" for the disease specific criteria, complete management of call as per existing procedure.**

Employer Actions:

A. If available, contact the AMPDS Company to obtain the disease specific screening questions software for your dispatch center if the company has not already provided it to you. Start using the AMPDS disease specific screening questions as soon as possible.
B. Train ALL EMS call takers in these guidelines.
C. Review and implement any Infection Control and PPE disease specific guidelines issued by the CDC, CDPH, and/or the Sacramento County EMS Agency.
D. Check your PPE supplies to ensure items are present and in good working order. Review manufactures training materials if that was provided.
E. Ensure that EMS personnel with patient contact have been properly fit-tested and provided the proper N-95 mask or higher (P100), face mask, and gown.
F. Staff wearing respirators must be medically evaluated to see if it's safe for them to wear the respirator.
G. Work closely with your Occupational Health staff to ensure the health of your workforce.
H. All employees should be monitored at beginning of each shift for temperature or respiratory symptoms, and taken off work for fever or positive respiratory symptoms as noted under; Follow-Up and Reporting Measures, below.
I. Employers shall notify SCEMSA of all field and dispatch staff positive COVID-19 test, so SCEMSA can maintain awareness of workforce impacts.

Procedures for First Response and Transport Personnel Patient Assessment Appropriate for all Emerging Infectious Diseases:

A. Routine contact and airborne exposure control precautions will offer protection to first responders for any patient with symptoms of an infectious respiratory illness.
B. Any patient identified by EMS Dispatch or by responding EMS personnel as meeting symptoms of an infectious respiratory illness shall be transported to an appropriate hospital per Destination policy 5050, using the PPE precautions as noted under Personal Protective Equipment (PPE).
C. Patients with symptoms of an infectious respiratory illness shall undergo the following questioning and management:
    1. Place a surgical mask on the patient
    2. Initiate standard contact and airborne precautions (gloves, gown, N95 or higher (P100) respirator) and eye protection (goggles) for EMS clinicians.
    3. Minimize aerosol generating procedures:
        a. Use nebulized Albuterol treatments only for patients with severe wheezing who cannot wait until arrival to the destination facility. Metered dose Albuterol inhalers do not produce increase aerosol secretions and can safely be used in place of nebulized treatments when available. The patient's own MDI may be used.
        b. Use CPAP/BiPAP only when patient is in extremis
        c. Whenever possible, manage airways needing support with BLS airway
        d. Intubate only if BLS airway management is ineffective
    4. Properly doff and dispose of PPE according to protocol.
    5. Cleaning and disinfection using EPA registered disinfectants with known effectiveness against human coronaviruses
    6. Disposable medical waste from patients with respiratory illness which is not soaked in secretions or blood is regular garbage and does not require medical waste bags.
    7. Field crews are responsible for notification of the receiving hospital and their agency's On-duty EMS Officer on initial contact when a patient meets criteria for a PUI.
D. **If the call screens "negative" for the disease specific criteria, complete management of call as per existing procedure.**
E. All IFTs and patients being taken to non-Emergency Department locations (L&D, CT, Cath Lab, etc.) shall have documentation of temperature and presence of any respiratory symptoms. It is sufficient to document these based on history provided by sending medical facility. EMS personnel should confirm receiving facility is aware of any fever or respiratory symptoms.

NOTE: All respiratory patients who are being treated with an aerosol nebulizer (including Asthma, COPD, etc.) shall have all aerosol nebulized treatments discontinued prior to entering the destination facility. This shall remain in effect until terminated by the Medial Director or Public Health Officer (PHO).

NOTES:

*Fever may not be present in all patients; those who are immunocompromised, very

young, elderly or taking fever-lowering medications.

**Close contact is defined as being within about 6 feet, or within the same room or care area, or a patient with confirmed COVID-19 without wearing PPE for a prolonged period of time OR having direct contact with COVID-19 patient secretions.

Supplies:

A. PPE based upon the selection from the "Personal Protection" section below.

Infection Control:

A. First response and transport personnel can safely manage a patient with symptoms of an infectious respiratory illness by following recommended isolation and infection control procedures, including standard, contact, and droplet precautions. Various means of protection will include protecting the Caregiver from all routes of entry through the use of PPE, barriers in the patient compartment of the ambulance, proper decontamination of the ambulance/equipment and proper disposal of the waste generated. Early recognition and identification of patients with a potentially infectious disease is critical. The following minimum standards will be observed during these processes:
   1. Wearing of appropriate PPE (surgical mask).
   2. Limit activities, especially during transport that can increase the risk of exposure to infectious material (e.g., airway management, cardiopulmonary resuscitation, use of needles).
   3. Limit the use of needles and other sharps as much as possible. All needles and sharps shall be handled with extreme care and disposed in puncture-proof, sealed containers.
   4. Phlebotomy, procedures, and laboratory testing shall be limited to the minimum necessary for essential diagnostic evaluation and medical care.
   5. Prudent hand hygiene including hand washing and/or alcohol based hand rub.
   6. If blood, body fluids, secretions, or excretions from a patient with a suspected emerging infectious disease come into direct contact with the provider's skin or mucous membranes, then the provider shall immediately stop working. They shall wash the affected skin surfaces with soap and water and report exposure (PPE breech) to a supervisor for follow-up.

Personal Protective Equipment (PPE):

A. Use of standard, contact, and droplet precautions is sufficient for most situations when treating patients with symptoms of an infectious respiratory illness. Personnel shall wear:
   1. Gown (fluid resistant or impermeable)
   2. Eye protection (goggles or face shield that fully covers the front and sides of the face)
   3. N95 or higher (P100) Facemask
   4. Gloves
B. Additional PPE might be required in certain situations (e.g., large amounts of blood and body fluids present in the environment), including but not limited to double gloving, disposable shoe covers, and leg coverings.

C. Pre-hospital resuscitation procedures such as endotracheal intubation, open suctioning of airways, and cardiopulmonary resuscitation frequently result in a large amount of body fluids, such as saliva and vomit. Performing these procedures in a less controlled environment (e.g., moving vehicle) increases risk of exposure. If conducted, perform these procedures under safer circumstances (e.g., stopped vehicle, hospital destination).

Transfer to Receiving Facility:

A. Transport personnel shall do early notification to the receiving hospital when transporting a patient with symptoms of an infectious respiratory illness, so that appropriate infection control precautions may be prepared prior to patient arrival. Interfacility transfers or confirmed patients with COVID-19 require coordination with the Sacramento PHO and EMS Administrator.

Arrival at the Hospital:

A. The driver should take all previous mentioned PPE precautions when assisting with the patient movement.
B. Any bodily fluid contamination on gurney wheels will be disinfected with an EPA-registered hospital disinfectant with label claims against non-enveloped viruses (e.g., norovirus, rotavirus, adenovirus, poliovirus) or using a 1:10 bleach to water solution and allowed to dry for 10 minutes.
C. Patient will be transferred into hospital by patient crew at the direction of hospital staff.

Follow-Up and/or Reporting Measures:

A. Any EMS personnel responding to a known or suspected Coronavirus patient shall don appropriate PPE prior to coming in contact with the patient, per PD#5200.
B. Sacramento County Public Health has moved the response to COVID-19 from containment to mitigation. As recommended for all healthcare workers, EMS personnel exposed or potentially exposed are to remain on duty as long as they remain asymptomatic. If EMS personnel develop respiratory infectious disease symptoms then:

Personnel should be sent home and remain home under self-monitoring until:

1. Non-test based strategy. Exclude from work until:
   a. At least three days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms (e.g. cough, shortness of breath); **and**,
   b. At least seven (7) days have passed since symptoms first appeared.
2. Test based strategy. Exclude from work until:

a. Resolution of fever without the use of fever-reducing medications **and**
b. Improvement in respiratory symptoms (e.g. cough, shortness of breath), **and**
c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two (2) consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two (2) negative specimens).

If the health care provider 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:

After returning to work, health care providers should:

1. Wear a facemask at all times while responding to calls until the symptoms all completely resolved or until fourteen (14) days after illness onset, whichever is longer
2. 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)
3. Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

EMS providers shall report all potential on duty exposures to:
https://scemsareports.wufoo.com/forms/sr902ac0ixlhi3/