Response Guideline to Potential / Confirmed Coronavirus (COVID-19) Patients

WPFES version 2

9-1-1 RESPONSE & INITIAL PATIENT ASSESSMENT

Dispatch has been instructed to ask specific questions to assess the possibility of identifying patients with COVID-19:

[ ] **If dispatch advises of EMS response to patient with potential COVID-19, or respiratory distress, responders should put on appropriate PPE before entering the scene.**

Do not rely solely on dispatch for alerts to don PPE:

[ ] **Crew will initially send 1 member to Doorway Triage**

[ ] **Perform "Doorway Triage" at the scene of all 911 calls—ask following:**
"Does anyone here have a FEVER / COUGH / SHORTNESS OF BREATH?"

[ ] **If YES—crew members should immediately don PPE recommended for potential COVID-19 patients.**

[ ] **HIGH PRIORITY—Preferred method: Nasal cannula with a N95 mask onto patient.**
If High flow is required use NRB Mask onto patient. Both methods will limit large droplet spread!

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT

PPE for crew providing direct patient care:

[ ] **PPE: Eye protection (i.e. goggles or face shield), N95 mask, disposable exam gown, disposable gloves**

[ ] **If providing direct patient care or assisting the loading of the patient—wear same PPE, as above.**

[ ] **After completion of patient care—remove and safely dispose of all PPE to avoid contaminating the passenger compartment of the apparatus. (place in bag and give to medic unit for disposal)**

[ ] **Crews should use alcohol-based hand cleanser for hand hygiene.**

[ ] **All personnel should avoid touching face/mucous membranes while working.**

PATIENT CARE—TREATMENT GUIDELINES

[ ] **Try to avoid non-essential "aerosol-generating " procedures, including nebulized breathing treatments, CPAP, suctioning, BVM ventilation and ET intubation.**

[ ] **If airway management cannot be deferred, consider using a Supraglottic Airway to limit exposure.**

[ ] **If possible, perform procedures in open air, away from pedestrians.**

CLEANING APPARATUS AFTER TREATMENT OF SUSPECTED OR CONFIRMED COVID-19 PATIENT

[ ] **Open doors to apparatus to allow for air flow to remove potentially infectious particles. (Min 15 minutes)**

[ ] **Don new PPE (gloves, gown, with face mask and goggle if splashes during cleaning).**

[ ] **Carefully clean equipment/ surfaces using Cavicide or other provided cleaning equipment and disinfectants.**

FOLLOW-UP & REPORTING REQUIREMENTS AFTER CARING FOR SUSPECTED OR CONFIRMED COVID-19 PATIENT

[ ] **Notify HSO and Chief 2 prior to returning if contact is made with suspected or confirmed COVID-19 patient.**

[ ] **All crew members will fill out the appropriate exposure forms and forward them to the HSO.**

[ ] **If needed the exposed crew will be quarantined at Station 2 while pending test results. (8 to 24 hours)**

[ ] **Crew will be transported to station 2 by utilizing the TRU or supply truck.**

[ ] **Station 2 personnel will be relocated to Station 1 with all response vehicles.**

[ ] **Chief 2 will coordinate backfill / recall to maintain minimum manning.**

Wash your hands frequently—use Good Hand Hygiene
Stay home if you're sick!

Frequently Asked Questions Regarding the COVID-19 Virus

1. ***Is COVID-19 simply a new, different type of influenza virus?***
   No. COVID-19 is a new (novel) type of coronavirus, also responsible for diseases ranging from the common cold to SARS. It is different from influenza (flu) viruses. However, signs and symptoms of COVID-19 illness can be indistinguishable from influenza.

2. ***What are the signs and symptoms of COVID-19?***
   Symptoms generally include fever and respiratory illness, congestion, and "dry" coughing and sneezing. In some patients, the disease progresses to severe pneumonia with respiratory failure and septic shock. Some patients are infected with COVID-19 show no signs or symptoms of illness.

3. ***Who is most at risk from COVID-19, and do all patients need to be hospitalized?***
   Elderly patients, and those with underlying chronic medical diseases, including cardio-respiratory diseases and patients who are immune-compromised, appear to be at highest risk of severe disease or death.
   Many patients present with very mild symptoms and are treated, while isolated, at home. These patients receive medical monitoring in case they get worse. Patients with COVID-19 are sick for up to two weeks.

4. ***Is the new coronavirus (COVID-19) spread through airborne transmission?***
   No. It appears that COVID-19, like other coronaviruses—and flu viruses—is NOT "airborne"—but is transmitted in large aerosolized droplets transmitted by coughing and sneezing. Generally, these droplets will fall out of the air about six feet from the patient. This is why we need to don PPE before we get close to the patient, and whenever possible, limit the number of providers within that close distance to the patient.

5. ***Can COVID-19 be spread by patients who have the virus but are not symptomatic?***
   There are limited reports that infected asymptomatic patients were able to transmit the virus to others. According to the CDC and other infectious disease experts, they are unclear as to how frequently this occurs. Most experts suggest that the bigger problem is infections from patients who present as ill.

6. **What is the incubation period for COVID-19?**
   The incubation period, according to the CDC, appears to range from two to three days up to three weeks.

7. ***Should we ask patients with flu/respiratory illness if they've traveled from China, Japan, Iran, Italy in the last two to three weeks or have been in contact with a person suspected / confirmed exposure to help determine risk of COVID-19?***
   You can still ask these questions to help determine risk factors of COVID-19. However, "community transmission" of COVID-19 has now occurred in WA state and the U.S. With this person-to-person transmission of COVID-19 now occurring, ***responders need to use the recommended COVID-19 level of PPE on all respiratory calls***, to be safe, even if the patient and family report no recent travel or contact with infected persons. (Obviously a patient with known CHF or asthma/COPD exacerbation is a different story…)