COVID-19 Response Guidelines

For Xenia Fire Division Personnel

Purpose:

For clarity and to avoid confusion the novel coronavirus is officially named **SARS-CoV-2** and the *disease* caused by SARS-CoV-2 is officially named **COVID-19**. This guideline will refer to this condition as COVID-19. Since COVID-19 has no distinguishing symptoms, any patient with fever, with cough or shortness of breath should be treated as a potential case. As the pandemic grows, travel to a given area will be a less reliable indicator of possible infection.

The virus is thought to spread mainly from person-to-person contact.

- Between people who are in close contact with one another (within about **6 feet**).
- Through respiratory droplets produced when an infected person coughs or sneezes.
    - This could also be problematic with aerosol-generating procedures (BVM, Nebulizer, etc.)
- People are thought to be most contagious when symptomatic but could also be contagious when asymptomatic.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes
    - This is not thought to be the main way the virus will spread.
    - Though not yet confirmed, it is believed that the virus may last up to 3 days on a surface.

The CDC has an exposure risk assessment document that defines potential exposures as low, medium, and high risk. If you are wearing adequate PPE, it is unlikely you will have a significant exposure.

Not all potential COVID-19 patients will require transport. Those with respiratory symptoms of significance, any distress or hypoxia will need further evaluation. Patients that are immunocompromised, which sometimes can be subtle, will also require transport. Please follow current transport policies until these are modified.

The purpose of this guideline is to assist personnel with the assessment, management, personal protective measures and after-care for calls involving patients who possibly have COVID-19 or are a person under investigation (PUI). As this is an ever-changing situation, please refer to the Centers of Disease Control and Prevention (CDC) website (cdc.gov) for guidance. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html . The COVID-19 Response Guidelines For Xenia Fire Division Personnel will be reviewed frequently and modified as the recommendations warrant. This guideline will remain in effect until further notice.

Personal Plan:

It is the recommendation of the CDC, the Ohio Department of Health and Dr. Marriott that we each practice the following guidelines to prevent the spreading of this novel virus.

- Frequent handwashing with soap and water (hand sanitizer if soap and water are unavailable)
- Limit the amount you touch your face, especially immediately after patient contact.

- Catch your cough or sneeze in the crook of your elbow.
- Stay home if you are sick.
- Have an ample supply of uniforms on station.
- Get plenty of rest & maintain a sound diet with adequate hydration to maximize your immune system.
- If exposed, report the event and practice social distancing till testing is complete.
- For the Fire Division some examples of social distancing include:
    - Restrict building access with locked doors.
    - No outside guests in the fire stations (this includes family members).
    - Cancel station tours by youth and school groups.
    - Cancel inspection activities until further notice.
    - Postpone non-essential in-person continuing education.
    - If a group of personnel must gather in a meeting room, ensure that chairs, tables and all training equipment are disinfected before and after the meeting.
    - Require any face-to-face meeting attendees to spread out so they are at least six feet apart.
    - Citizen visits to the station for questions, permits or blood pressure checks should not be allowed in. Keep visits brief and outside the facilities.
    - Give serious thought to the necessity of personnel moving up to other stations or visiting other stations for training, supply pick-ups or meals.
    - Sending an entire company to a grocery store is an exposure opportunity that might not be worth the risk. It may also be a good practice to go to the store once per cycle.

Dispatch Plan

It is difficult to differentiate between COVID-19 and influenza which is widespread in Ohio at this time. Xenia Greene Central Communications (XGCC) will implement the Emerging Infectious Disease Surveillance tool in their EMD program.

- The EIDS is an additional screening tool after all primary EMD questioning is complete and the call has been assigned a determinant code and has been dispatched.
- The dispatchers will not be interrupting the EMD questions to ask additional questions related to COVID-19. This will ensure that the dispatch of responders is not delayed.
- The EIDS tool will be used on:
    - "Sick Person" calls where the chief complaint is fever and or cough.
    - "Difficulty Breathing" calls where the patient may also be experiencing fever and cough.
- All patients meeting the criteria below, will elicit a dispatcher prompt to responding personnel:
    - The caller or the patient has signs/symptoms or a fever, cough or difficulty breathing *and*
    - If they have traveled to an infected region or have had exposure to a patient known or suspected to have COVID-19.
- In the circumstance above, Dispatchers will advise responding personnel that ***"respiratory protection is indicated."***
- Keep in mind that Dispatch may not catch all possible calls that could result in exposure to COVID-19. This could be a highly likely factor on calls of with uncooperative callers of a medical emergency, calls of domestic violence, assaults, suicides/attempts or 911 hang ups, etc.
- Responders should not rely on dispatch information to indicate whether or not a patient has any infectious disease.

Response Plan

Patient Assessment

- With any patient suspected of having COVID-19, providers should put on appropriate PPE before entering the scene.
- If information about potential for COVID-19 has not been provided, providers should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection.
- In either of the above cases, institute the following practices:
    - Initial assessment should begin from a distance of at least 6 feet from the patient, if possible.
    - Limit the exposed providers to the primary caregiver until a plan of action is established.
    - The primary caregiver should don at a minimum gloves, a surgical mask and eye protection.
    - If the patient is having respiratory symptoms regardless of suspected cause, place a surgical mask on the patient.
    - If a nasal cannula is in place, a facemask can be placed over the nasal cannula.
    - Alternatively, an oxygen mask can be used if clinically indicated.
    - If COVID-19 is suspected, all PPE as described below should be used.
    - During transport, limit the number of providers in the patient compartment to essential personnel.

Recommended Personal Protective Equipment (PPE)

- Providers who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should utilize the following recommended PPE:
    - Simple facemask.
    - Eye protection (i.e., goggles or disposable full face shield).
    - Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Personnel wearing eyeglasses should wear “over-the-glasses” eye protection.
    - Disposable patient examination gloves.
        - Change gloves if they become torn or heavily contaminated
    - An isolation gown in the presence of gross bodily fluids.
        - Without gross bodily fluids, the duty uniform should suffice.
        - Please see the decontamination procedures for duty uniforms.
- Attempt to stay out of the direct path of cough and other secretions.
- PPE for Medic drivers should be as follows:
    - If they provide direct patient care, they should wear all recommended PPE.
    - After completing patient care and before entering the driver’s compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the front compartment.
    - A respirator or facemask should continue to be used during transport.
- After the patient is released to the facility, providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

Precautions for Aerosol-Generating Procedures

- Providers should exercise caution if an aerosol-generating procedure (e.g., bag valve mask ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), CPR, or any advanced airway is necessary.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for providers present for or performing aerosol-generating procedures.
- Additionally, gowns should be worn by personnel present for or performing aerosol-generating procedures.

- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

Transport of a PUI or Patient with Confirmed COVID-19

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport, the following actions should occur during transport:

- Providers should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 as soon as practical and before arrival to the facility.
- Providers should wait for instructions on how and when to enter a facility. Do this every time as the route of entry may change depending on facility operations.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients should **not** ride in the transport vehicle. Only protocol driven situations should allow for riders, and then, only in the patient compartment.
- During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
- Utilize vehicle exhaust fans

Documentation of Patient Care

- Documentation of patient care should be done only after providers have completed transport, removed their PPE, and performed hand hygiene.
- Documentation should include a listing of EMS providers and other public safety personnel (i.e. law enforcement) involved in the response and level of contact with the patient.

Decontamination Plan

Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. Follow the guidelines below to decontaminate the vehicles and personnel after transporting a patient with an exposure history and signs and symptoms suggestive of COVID-19.

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles. Do this in a manner that does not compromise ambulance security.
    - The time to complete transfer of the patient to the receiving facility and complete all documentation is believed to provide sufficient air changes.
- When cleaning the vehicle, providers should wear gloves. A disposable gown, face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate, including those patient-care areas in which aerosol-generating procedures are performed.
- Clean and disinfect the vehicle in accordance with established standards. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected.
- There are 1 gallon sprayers for hdqC2 disinfectant on each medic and at an extra sprayer at each station. The ratio of hdqC2 to water is 2 oz./1 gallon.

- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- After any exposure to PUI or patients with confirmed COVID-19, all providers should change uniforms and immediately launder the soiled clothing.
- A daily clean and disinfection of “touch areas” in the stations is recommended. Examples include door handles, faucets, cabinets etc.
- Personnel will complete a “deep clean” Medic wipe down each day during morning checks. This procedure should be similar to our weekly decontamination.
- Please follow the exact guidelines for the application and use of hdqC2 disinfectant. Including leaving surfaces wet for 10 minutes prior to wiping.
- With a daily clean in place, and gross decontamination after all suspicious responses, we can suspend the scheduled weekly decontamination.

Exposure Plan

If a significant exposure occurs (for example patient without a face mask coughs in the face of a first responder without PPE), the crew should follow the current GMVEMSC Infection Control Policy with regards to reporting these incidents. It is the job of Public Health to determine whether quarantine is recommended. Though we cannot completely anticipate if or when quarantine might be advised or ordered, it is unlikely if appropriate PPE was worn throughout the entire patient encounter. If a significant exposure does occur:

1. Notify the ED charge nurse of the exposure upon delivery of the patient.
2. Complete the Request for Notification of Test.
3. Hospital staff will advise the next course of action.
4. Do not expect Hospital Infection Control to act rapidly, they may be overwhelmed.
5. The need for quarantine will be determined by the local health department.
6. If quarantine does become indicated, location and duration will be determined by public health and city administration.
7. In almost all cases the providers are not an immediate risk for transmitting the disease.

Providers should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify their supervisor and/or their public health authority to arrange for appropriate evaluation.