

COVID-19 Response Guideline Job Aid

Personal Plan

- Wash hands 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.
- Practice social distancing wherever practical.

Dispatch Plan

- The dispatchers will not be interrupting the EMD questions to ask additional questions.
- The EIDS tool will be used on:
 - "Sick Person" calls where the chief complaint is fever and or cough.
 - "Difficulty Breathing" calls with fever and cough.
- Dispatch will ask:
 - If patient has signs/symptoms or a fever, cough or difficulty breathing *and*
 - If they have traveled to an infected region or have had possible exposure to COVID-19.
- Dispatchers will advise responding personnel that "**respiratory protection is indicated.**"
- Do not rely on dispatch information to indicate if a patient has any infectious disease.

Response Plan

- Exercise appropriate PPE, given the situation and/or presentation.
- 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 PPE For Patient's With Possible COVID-19 Infection

- Simple facemask.
- Eye protection (i.e., goggles or disposable full face shield).
- Personnel wearing eyeglasses should wear "over-the-glasses" eye protection.
- Disposable patient examination gloves.
- An isolation gown in the presence of gross bodily fluids.
- Attempt to stay out of the direct path of cough and other secretions.
- For Medic drivers: As above, a face mask or respirator should be used during transport.

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 other PPE
- 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

- 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.
- 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.
- 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, utilize vehicle exhaust fans.

Documentation of Patient Care

- Should be done only **after** transport, remove PPE, and perform hand hygiene.
- 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

- Leave rear doors open to allow for sufficient air changes. Maintain ambulance security.
- Wear appropriate PPE during decontamination.
- Clean all surfaces with appropriate disinfectants (hdqC2 or hospital wipes)
- After exposure to known or suspected COVID-19, change uniforms and launder the soiled clothing.
- A daily clean and disinfection of "touch areas" in the stations is recommended.
- A "deep clean" Medic wipe down each day should be done during morning checks.
- With hdqC2 disinfectant. Leave surfaces wet for 10 minutes prior to wiping

Exposure Plan (If a significant exposure occurs)

- Personnel should follow GMVEMSC Infection Control Policy to report exposure.
- Public Health will determine whether quarantine is recommended.
- Steps taken should be:
 - Notify the ED charge nurse of the exposure upon delivery of the patient.
 - Complete the Request for Notification of Test.
 - Hospital staff will advise the next course of action. Do not expect a rapid reaction.
 - The need for quarantine will be deferred to the local health department.
 - If quarantine does become indicated, location and duration will be determined by Public Health and city administration.
- 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) and self-isolate if present.