

# COVID-19 Response Guidelines

## For Xenia Police 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.

The purpose of this guideline is to assist personnel should they encounter citizens who possibly have COVID-19 or are a person under investigation (PUI). The COVID-19 Response Guidelines For Xenia Police 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 local physicians 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 Police Division some examples of social distancing include:
  - Restrict building access with locked doors
  - Postpone non-essential in-person education or group meetings.

- 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.
- Attempt to reduce the frequency of citizen visits to XPD offices. Keep visits brief and limit citizen movements throughout the facilities.
- Keep a distance of 6 feet between yourself and citizens if practical and until you rule out symptoms of COVID-19 or respiratory illness.

## **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 Contact**

- Unless there is a significant life threat, and Fire/EMS personnel are not yet on scene, XPD personnel should refrain from close contact with patients.
- With any patient suspected of having COVID-19 that will require immediate life saving measures, personnel 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 patient appears stable or has no apparent life threats, then keep a safe distance.
  - Attempt to stay out of the direct path of cough and other secretions.

- The minimum protection if engaged with the patient should be gloves, a surgical mask and eye protection.
- Fire/EMS personnel will only commit one provider to engage with the patient until a plan of action is devised.
- After a patient encounter, personnel should remove and discard PPE and perform hand hygiene with either soap and water or waterless hand sanitizers.
- Used PPE should be discarded in accordance with routine procedures.
- If possible, ask EMS providers to discard of the PPE for you.

### **Precautions for Life-saving Procedures**

- Personnel should exercise caution if any life-saving procedure 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 personnel involved in such procedures.
- If patient is breathing and has a pulse, then observation from a safe distance may be warranted.

### **Documentation of Patient Care**

- Fire/EMS personnel will include a listing of public safety personnel involved in the response and their level of contact with the patient in their documentation. Be prepared to offer EMS providers info about XPD personnel involved in patient contact and the duration of said contact.

### **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.

- Avoid placing citizens with an exposure history and signs and symptoms suggestive of COVID-19 in police vehicles.
- If absolutely necessary to transport in police vehicles, 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.
- After any exposure to PUI or patients with confirmed COVID-19, all personnel should change uniforms and immediately launder the soiled clothing.

### **Exposure Plan**

If a significant exposure occurs (for example patient without a face mask coughs in the face of a first responder without PPE), personnel should report to their immediate supervisor. 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. The need for quarantine will be determined by the local health department.
2. If quarantine does become indicated, location and duration will be determined by Public Health and city administration.

3. 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.