

	APPLETON FIRE DEPARTMENT STANDARD OPERATING GUIDELINE (S.O.G.)	
	TITLE: Coronavirus 2019 (COVID-19) Response	
S.O.G. 3-054	SECTION: First Responder	FILE NAME: J:\Common\SOG'S\First Responder (SOG 3-010 - SOG 3- 054)\3-054 COVID-19 Response
ORIGINAL ISSUE DATE: 03/20/2020	LAST REVIEW DATE: 03/18/2020 REVIEWER: Chief Hansen	NEXT REVIEW DATE: 04-30-20

PURPOSE:

To provide guidelines for the operation of the Appleton Fire Department personnel who respond to patients who meet Coronavirus 2019 (COVID-19) criteria.

The Appleton Health Officer/designee is responsible to promptly take all necessary measures to prevent, suppress and control communicable disease. The Appleton Health Officer/designee will serve as the coordination and communication authority within this policy. Although state and local health officials tend to follow the guidance of national authorities, there may be variances among the local health officers in their specific plans and implementation.

POLICY:

It is the policy of the Appleton Fire Department to have a structure in place to guide the response of the department through a sustained COVID-19 pandemic. Focus will be on minimizing the number of deaths and illnesses within the community, while protecting fire department employees and cooperating regional agencies while maintaining the ability to respond to calls for service.

DISCUSSION:**Assumption**

- A. COVID-19 pandemic is a new challenge for the fire department and the global community.
- B. To some extent, everyone will be affected by the COVID-19 pandemic.
- C. The first wave of the COVID-19 pandemic may last from 4-6 months, while the entire pandemic may last an entire year.
- D. Widespread illness in the community may also increase the likelihood of sudden and significant shortages of finite resources such as space, personnel and supplies.
- E. Effective preventative and therapeutic measures including respiratory support and antiviral agents, will likely be in short supply.
- F. Health care workers and first responders will likely be at higher risk of exposure to COVID-19 than the general population, further impeding the care of patients.

PROCEDURES:

- A. Outagamie County Communication Center is using modified caller queries to assess for potential COVID-19
 1. The Communication Center will ask questions screening patients for the potential of having COVID-19. Their questions will center on the following categories of patients:
 - Category 1
 - Measured body temp >100.0F
 - Warm to touch at room temperature
 - Chills
 - Dyspnea
 - Persistent cough
 - Any new respiratory problems (sneezing, wheezing, congestion, etc)
 - Category 2
 - Travel in the past 14 days to a Level II or Level III COVID area. To see a full list of countries on the CDC's Level # Travel Hazard Notice, visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
 - Any close contact with *confirmed* COVID-19 patient in last 14 days

If the patient meets any ONE criterion from BOTH categories, they should be considered infectious. That information will be communicated to responding units by the phrase "Use enhanced PPE".

2. Personal Protective Equipment

- a. N95 Mask or MSA facepiece with a P100 cartridge
- b. Fluid impervious gown
- c. Two-layers of disposable gloves (The second layer will assist in DECON)
- d. Eye protection
- e. Surgical mask must be applied to the patient as soon as contact is made

If PPE is limited:

- a. Surgical masks may be work in lieu of N95 masks
- b. Gowns should be reserved for those who may be performing aerosol generating procedures
 - BVM
 - CPAP
 - Suctioning
 - Nebulizer treatments
 - Advanced airway

3. If the Communication Center advises the patient is suspected of having COVID-19, EMS personnel should don appropriate PPE before entering the scene.

If information about potential for COVID-19 has not been provided by the Communication Center, personnel should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient "Doorway Triage", if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described above should be used. If COVID-19 is not suspected, follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.

4. A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires an advanced airway, see below for additional precautions for aerosol-generating procedures.
5. Move the patient outside, when possible, to take advantage of natural ventilation and greatly reduced exposure to contaminated surfaces.

6. When applicable, during transport, limit the number of medical providers in the patient compartment to essential personnel to minimize possible exposures.
 - a. Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - b. If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
 - c. All personnel should avoid touching their face while working.
 - d. After care is transferred to ambulance staff or after the patient is delivered to hospital staff, personnel should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures. Significant efforts should be made to avoid contaminating fire apparatus.

- B. Transporting a person suspected or confirmed with COVID-19:
 1. If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a hospital for further evaluation and management, the following actions should occur during transport:
 - a. Responders should notify the receiving hospital that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so appropriate infection control precautions may be taken prior to patient arrival.
 - b. Keep the patient separated from other people as much as possible.
 - c. Family members and other contacts of patients with possible COVID-19 should not ride in the ambulance, if possible. If riding in the ambulance, they should wear a facemask.
 - d. Isolate the driver from the patient compartment and keep pass-through doors and windows tightly shut, if possible.
 - e. Close the door/window between these compartments before bringing the patient on board.
 - f. 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.
 - g. Use the vehicle exhaust fan to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

- C. Removal of PPE
 1. Once the patient has been transferred to ambulance or hospital staff and contact with the patient is complete, carefully doff PPE.

2. Remove PPE in order:
 - a. Gloves (first layer)
 - b. Goggles
 - c. Gown
 - d. Mask
 - e. Gloves (base layer)
 3. Remove PPE inside out, to contain contaminants.
 4. Be gentle when removing PPE so as not to aerosolize any contaminants that may be present.
 5. Place used PPE in a regular garbage bag and tie it shut. Leave bag with ambulance. If the contaminated PPE returns to the fire station, immediately place the sealed bag outside in a dumpster.
- D. Putting the ambulance back in service
1. After transporting the patient, leave the rear doors of the transport vehicle open to allow for enough air changes to remove potentially infectious particles.
 - a. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide enough air changes.
 2. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated. Doors should remain open when cleaning the vehicle.
 3. 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 using a disinfectant rated for COVID-19.
 4. Avoid shaking the linen.
- E. Putting the fire apparatus back in service
1. Drive to Fire Station #1.
 2. When cleaning the vehicle, wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated. Doors should remain open when cleaning the vehicle.
 3. Use the electrostatic sprayer to clean the cab and equipment. View the video created by DE Dannen and FF Webb. The video can be found on all rig phones.

4. Return to appropriate station while wearing both eye and respiratory protection.
 5. Properly dispose or disinfect remaining PPE.
 6. Wash clothing.
- F. Reporting measures and follow up
1. Make note of patient content. Document how close AFD personnel came to the patient, what the patient was wearing, what PPE was used by AFD personnel, what was applied onto the patient and when it was donned, etc.
 2. Consult the Emergency Medicine Physician caring for the patient on what they believe the likelihood is that the patient has COVID-19, and if they will be tested.
 3. Inform the Shift Battalion Chief that staff has been in contact with a patient suspected of having COVID-19.
 4. Personnel are OK to remain at work if they are asymptomatic.
 5. Contact the health department to report the suspected exposure.
 6. If employees develop signs or symptoms of COVID-19, such as an upper respiratory infection, shortness of breath, fever and/or cough, they should self-isolate and contact their personal physician by phone for advice.
 - a. If the symptoms are believed to be COVID-19 and work related, they should contact the Deputy Chief by phone.

Companion Documents:

1. Influenzas Pandemic Preparedness/Response, AFD SOG 03-053
2. Wisconsin Department of Health Services, Coronavirus Disease
 - a. <https://www.dhs.wisconsin.gov/covid-19>
3. Center for Disease Control and Prevention
 - a. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>