



## CoronaVirus (Covid-19) Guidelines

Coronavirus has made its way into our service area. Now more than ever we need to remain vigilant with our use of PPE and decontamination of our ambulances. Please review the below guidelines thoroughly for comprehension. Screening patients during your assessment is imperative to identify person's under investigation (PUI).

County Public Health and the Communications Center are working together to update the call screening process to identify risks, flag persons with risk in CAD, and provide EMS advisory information as warranted. If you receive information from the Communications Center that Airborne or Respiratory Precautions are advised:

- Dispatch to provide “enhanced PPE” notice in dispatch notes
- Do not ignore this information – Don full PPE (gloves, gown, N95 mask, and goggles or full face shield)
- Limit the personnel within 6 feet of the patient. Consider using one employee to evaluate the patient initially.
  - Local fire departments may not be sending all personnel into calls initially to limit exposure of staff.
- Put a standard face mask (not an N95) on the patient to limit exposure as long as it does not interfere with patient treatment.

If you are not provided any specific dispatch information for a patient with respiratory illness symptoms:

- Begin initial assessment from a distance of at least 6 feet from the patient. Sample questions listed below.
  1. Does the patient have any of the following symptoms?
    - a. Category 1
      - i. Measured body temp >100.0F
      - ii. Warm to touch at room temperature
      - iii. Chills
      - iv. Dyspnea
      - v. Persistent cough
      - vi. Any new respiratory problems (sneezing, wheezing, congestion, etc)

a. Category 2

- i. Travel in the past 14 days to a Level II or III COVID-19 Country.
- ii. Any close contact with *confirmed* COVID-19 patient in last 14 days

If the patient meets any ONE criteria from BOTH categories, they should be considered infectious and **PPE standards should be followed.**

- Anyone who has had close contact with a laboratory-confirmed COVID-19 case should also be considered a potential.
- If there is suspicion of COVID-19, follow the guidance below— use all PPE, put a mask on the patient and continue to limit the personnel near the patient.
- Notify the hospital immediately to advise them of the symptoms so that they can be allocated to the most appropriate room.

**PPE Standards on sick/respiratory illness patients:**

- Standard safety glasses are not considered appropriate eye protection for infectious disease control. Goggles with indirect venting or a full face shield are the recommended level of eye protection.
- Goggles are reusable and should be disinfected like other EMS supplies (while wearing a new pair of gloves).
- N95 particulate mask should be worn at all times (if you have not been fit tested within the last year contact Heather Stenbroten)
  - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Fluid impervious gown is recommended.

**Precautions for Aerosol-Generating Procedures**

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol generating procedures.
- EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
- BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

- EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive pressure ventilation.
- 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 confirmed Coronavirus Patient:**

- Don the “PPE Standards” prior to entering the hospital or home.
- Limit exposure to patient to one provider whenever possible.
- Work with sending and receiving facility infection control whenever possible.
- Notify receiving facility early with an ETA of your arrival.
- Follow all hospital procedures and post exposure protocols upon transfer of care

#### **Post Exposure of a confirmed/suspected Corona Virus patient:**

- Do any PPE that has made contact with the patient and dispose in a biohazard bag
  - N95 Masks can be reused up to 8 hours, but need to be cleaned with an anti-viral substance
    - Please begin saving old N95 masks. They may need to be used in the future.
    - This is not a biohazard and can be disposed of in the garbage
- Wear safety glasses and surgical mask (N95) while performing decontamination.
- Thoroughly wipe your cot and any exposed equipment with antiviral wipes.
- Utilize UV lamps at HQ to sanitize the interior of the ambulances for 60 minutes. (only for confirmed COVID-19 Patients)
  - Perform a secondary wipe down of ambulance with antiviral wipes
- Return vehicle and equipment to service

#### **Provider Post Exposure of a confirmed/potential Corona Virus patient**

These are guidelines for return to the workforce. Individual cases may require review and specific modification of this plan if there are special circumstances.

- **Exposure to confirmed COVID-19 infection**
  - Was EMS personnel wearing all recommended PPE?
    - Yes- No work restriction with self-monitoring in place
    - No- administration will call you with the plan for further management
- **Exposure to potential COVID-19 infection**

- Was EMS personnel wearing all recommended PPE?
  - Yes- No work restriction
  - No- report to supervisor
- Gold Cross employee who tests positive for COVID-19 needs to remain isolated until the illness resolves and repeat testing confirms negative test.
- Consideration to discontinue in-home isolation and return to work include all of the following:
  - Resolution of fever, without use of antipyretic medication
  - Improvement in illness signs and symptoms
  - Negative result of an approved assay for COVID-19

### **Definition**

**Self-monitoring-** ask yourself if you have any of the COVID-19 symptoms (shortness of breath, cough, fever, sore throat) and take your temperature before returning to work.

Report any symptoms to on-duty supervisor for further

**Recommended PPE:** respirator or face mask, eye protection

**Fever**  $\geq 100.0$

### **General Precautions**

- Wash your hands!
- Keep hand sanitizer readily available in each apparatus and in all of the common areas and use it whenever washing your hands is not immediately practical. Even after using hand sanitizer, wash your hands as soon as practical.
- Keep surfaces clean in the stations and apparatus – wipe down door handles, steering wheels, countertops, etcetera often.
- Self-monitor for signs of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, self-isolate and notify the on-duty supervisor