TOWNSHIP FIRE DEPARTMENT
CHAPTER 1: ADMINISTRATIVE OPERATIONS

Part 2: Administrative Policies
Subject: Response to Patients with Suspected Coronavirus Disease 2019 (COVID-19)
Page 1 of 1 Section: 1-2-13
Effective Date: 03-12-2020 Revised Date: 04-2-2020

13.15 Purpose. To provide guidance to Township Fire Department personnel for response to incidents involving close contact with persons with confirmed or possible COVID-19 as well as post incident actions to ensure the disease is not spread to other employees or patients.
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13.16 Goal. This guideline applies to all members of the Township Fire Department who anticipate close contact with persons with confirmed or possible COVID-19 during the course of their work.
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13.17 Guideline When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection. As this information may change on a daily basis, CDC's most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

13.18 Dispatch The Eau Claire Communications Center will use EMD criteria to determine if the caller has signs / symptoms **and** risk factors for COVID-19. Their questions will center on the following categories of patients:

Category 1 (Signs/Symptoms): Measured body temp >100.0F , Warm to touch at room temperature, Chills, Dyspnea / Difficulty Breathing / Shortness of Breath, Persistent cough, Any new respiratory problems (sneezing, wheezing, congestion, etc)

Category 2 (Risk Factors): Travel in the past 14 days to a COVID-19 affected area, Any close contact with confirmed or suspected COVID-19 patient in last 14 days, Contact within the last 14 days with any person who has traveled to a COVID – 19 affected area, Any close contact with someone with the flu or flu-like symptoms in the last 14 days?

Close contact is defined as: Being within approximately 6 feet (2 meters) of an individual for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room.– *or* –Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If close contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria category 2 is met.

If the patient meets any **ONE criteria from BOTH categories**, they should be considered infectious. That information will be communicated to responding units with the code "**Use Enhanced PPE**"

Crews should also check the incident CAD notes in IAR for additional patient information.

13.19 Patient Contact and Assessment

If Comm Center advises that the patient is suspected of having COVID-19, EMS Providers should donn (following recommended guidelines) appropriate PPE prior to entering the scene.

If information about potential for COVID-19 has not been provided by the Comm Center, EMS providers should begin their initial assessment and interview from a distance of at least 6 feet on **ALL** patients to determine the presence of COVID-19 signs / symptoms and risk factors. If determined the patient is suspect of COVID, providers should retreat to donn appropriate PPE. One provider should remain with the patient at a safe distance of 6 feet until the other provider(s) return. This provider will obtain PPE once other staff has returned.

Patient contact should be minimized to the extent possible until a facemask is placed on 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 intubation, see below for additional precautions for aerosol-generating procedures.

During the initial assessment and transport of a patient suspected of having COVID-19, limit the number of providers in the immediate proximity of the patient to minimize possible exposures

13.20 Recommended Personal Protective Equipment (PPE)

In order to prevent spread of illness, EMS providers should wear respiratory PPE on all responses to Long Term Care / Skilled Nursing / Assisted Living facilities regardless of the dispatch complaint. A surgical mask is appropriate respiratory protection in these instances unless an N95 is indicated (See Below).

EMS Providers who will directly care for a patient with suspected or otherwise indicated COVID-19 infection or who will be in the patient compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection.

Recommended PPE includes:

- A single pair of disposable nitrile examination gloves. Change gloves if they become torn or heavily contaminated.
- Providers may double glove to minimize contamination if the outer glove must be removed.
- Disposable isolation gown or Tyvek suits.
- If limited amounts available, gowns should be utilized for staff performing aerosol generating procedures.
- Respiratory protection (i.e., N-95 or higher-level respirator)
- A surgical mask may be utilized in lieu of an N95 mask if the patient is also masked and no aerosol generating procedures are performed.
- Eye protection (i.e., goggles, safety glasses or disposable face shield that fully covers the front and sides of the face).

Drivers should wear all recommended PPE when providing direct patient care or in close proximity to the patient (e.g., moving patients onto stretchers). 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.

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. Respiratory protection should continue to be used during transport

All personnel should avoid touching their face while working.

After the patient has been turned over to the receiving facility, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

13.21 Precautions for Aerosol-Generating Procedures

If possible, consult with medical control for specific guidance prior to performing an aerosol generating procedure.

EMS providers should exercise caution if an aerosol-generating procedure is necessary (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal

intubation, nebulizer treatment, continuous positive airway pressure (CPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)

BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

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. During transport, the exhaust fan should be activated.

13.22 EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport) (Assisting EC Fire)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

EMS Providers should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.

Keep the patient separated from other people as much as possible.

Family members and other contacts of patients with possible COVID-19 should **not** ride in the ambulance unless required for patient care purposes (Pediatrics). If riding in the ambulance, they should wear a facemask.

Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.

When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.

Close the door/window between these compartments before bringing the patient on board.

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.

If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.

Drivers: PPE should be worn if within 6 feet of the patient or in the same room during aerosol generating procedures. Prior to entering the driver's compartment, the driver should remove and dispose of PPE in a plastic garbage bag and perform hand hygiene to avoid contaminating the compartment.

Drivers should continue to use a facemask or N95 (If indicated) if the driver's compartment is not isolated.

Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

13.23 Removal of PPE

Once the patient has been transferred to the hospital staff and contact with the patient is complete, carefully doff PPE.

Remove PPE in alphabetic order: Gloves, Goggles, Gown, Mask, Inner gloves (If Applicable)

Remove PPE inside out, to contain contaminants.

Be gentle when removing PPE so as not to aerosolize any contaminants that may be present.

Immediately perform hand hygiene with soap and water. Hand sanitizer should be used if soap and water not available.

A complete change of outer clothing is recommended following doffing PPE. Contaminated clothing must be bagged in a biohazard bag and laundered at a fire department facility. It is recommended that the responder wear a wildland or extrication suit under the PPE to facilitate decontamination of ones exposed clothing. Exposed footwear will also require decontamination.

13.24 Documentation of Patient Care

Documentation of patient care should be done **after** the transport has been completed, providers have removed their PPE, and performed hand hygiene. Contact the Chief of rescue or Captain of EMS to obtain patient information.

EMS documentation should include a listing of all EMS providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

13.25 Equipment

1st responders should only bring the equipment needed to care for the patient to minimize contamination of unused equipment.

Your radio will also be contaminated during patient care
If assisting the ambulance crew, clean the ambulance, seek guidance from the medics as to their decon protocol. 1st responders shall wear a disposable gown, and gloves. A face shield or facemask and safety glasses should also be worn if splashes or sprays during cleaning are anticipated.

13.26 Cleaning EMS Equipment after patient care of a PUI or Patient with Confirmed COVID-19

When cleaning reusable equipment, EMS providers should conduct the cleaning in an open area, wearing gloves, facemask and safety glasses.

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

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 for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:

"[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."

This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.

If no SARS-CoV-2 cleaning solutions are available, a diluted household bleach solution can be used.
Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Prepare a bleach solution by mixing:
5 tablespoons (1/3rd cup) bleach per gallon of water or
4 teaspoons bleach per quart of water

Clean and disinfect the vehicle in accordance with standard operating procedures. 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 an EPA-registered hospital grade disinfectant in accordance with the product label.

Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.

Doff PPE per recommended guidelines and follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste. Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

13.27 Follow-up and/or Reporting Measures by EMS Providers After Caring for a PUI or Patient with Confirmed COVID-19

Make note of contact with the patient. Document how close TFD personnel came to the patient, what the patient was wearing, what PPE was used by TFD personnel and when it was donned, etc.

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.

Contact the Infection Control Officer and inform them that staff has been in contact with a patient suspected of having COVID-19.

Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to the infection control officer for evaluation.

In the event of potential exposure, Staff may remain at work as long as they are asymptomatic. 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.

If the symptoms are believed to be COVID-19 and work related, they should contact the Infection Control Officer by phone to begin next steps.

13.28 Conservation of PPE

Respiratory Protection
N95 masks should be worn by responders on patients with suspected or confirmed COVID 19 **AND**

When Patients are not masked with a surgical mask or have the mask removed during the patient encounter **Or**

When An aerosol generating procedure is performed on the patient (Neb, BVM, CPAP etc.)

Surgical masks may be used by providers when the patient is also masked and no aerosol generating procedures are performed

Gowns
Gowns should be utilized on patients with suspected or confirmed COVID 19. If limited supply, reserve gown usage for aerosol generating procedures.

Tyvek Suits
If Tyveks suits are used, they should deconned at the receiving facility with an approved disinfectant as time permits.

If not deconned at the receiving facility, the suits should be placed in a plastic garbage bag and returned to station for decon. Appropriate PPE should be worn while deconning the suit.

After use, the suits should be checked for any damage prior to continued use.

Non coated Tyvek suits are disposable

Eye Protection

Utilize a full-face shield when performing an aerosol generating procedure.

Safety glasses may be utilized for general patient care

Reuse of Eye Protection: When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.

Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.

Fully dry (air dry or use clean absorbent towels).

Remove gloves and perform hand hygiene.