

Big Spring Fire Department
Coronavirus Response Protocol

Disclosure: This is a dynamic document that may be revised at any time should additional information become available.

Declaration: Personnel responding to a patient complaining of the following symptoms should follow this protocol.

- If patient exhibits symptoms of an acute febrile lower respiratory infection (fever, shortness of breath, coughing)
- Fever may not be present in all patient; those who are immunocompromised, very young, elderly, or taking fever-lowering medications.
- Place a surgical mask or non-rebreather if patient is unable to tolerate the NRB then place nasal canula and then place a surgical mask on the patient over the nasal canula.

AND

- Any person that has travel outside the country within 14 days or if the patient has come into contact with someone that has traveled outside the US in the last 14 days

PROCEDURE

1. Pre-Arrival of EMS Units

When dispatch information indicates the possibility of the symptoms related above EMS personnel may inquire as to information gathered by dispatch screening. Check your notes on active 911

2. Initial Interaction of Pre-Hospital Providers with a Probable Coronavirus Patient

- a. Personnel called to any illness complaint will don all appropriate personal protective equipment as indicated by standard BSFD Emergency Medical Protocol. (Gloves, eye protection, N95 face mask, gown, ty-vex suit). If possible, have the patient walk outside to start assessment.
- b. A minimum number of personnel (1) should make first contact with such patients to minimize initial unnecessary exposure.
- c. Initial patient assessment and contact should be made at a distance (6') to establish the nature of the complaint, evidence of the above symptoms and travel/contact history.
- d. If this initial assessment reveals a risk of possible coronavirus exposure, personnel will immediately implement the following measures.

3. Initiation of Coronavirus Management Protocol

- a. Responding personnel are to immediately disengage from the patient.
 - i. Contact person will explain to the patient that their condition warrants a more cautious response for their own welfare and that of the care givers.
 - ii. The crew will return to their vehicles to ensure all PPE is donned.
Instructing the patient and bystanders to remain as least 6 feet away or upwind from the patient until further instructions are related.
- b. **Patient treatment should be limited to life saving measures only in order to minimize risk of exposure.**
- c. The Deputy Chief will be advised of the situation immediately.
- d. The Deputy Chief will forward all pertinent information on to the Fire Chief.
- e. The responding crew will forward all pertinent information on to the receiving facility.
- f. **Responding command personnel, law enforcement or any other non-essential personnel not directly involved with patient care (not appropriately equipped as indicated below) are to remain outside a 50' hot-zone perimeter.**

4. Coronavirus Patient Management

The primary care attendants will reinitiate contact with the patient, explain the management and transport procedure.

- If dispatch advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19
- If information about potential for COVID-19 has not been provided by the dispatch, EMS clinicians 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, 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 below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- 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 intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

- **Precautions for Aerosol-Generating Procedures**

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- In addition to the PPE described above, 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.
- 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 windows 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.

6. Transfer of coronavirus Patient to Receiving Facility

- a. Upon arrival the EMS Crew will notify the receiving facility of their arrival and await instructions and or assistance in transferring the patient.
- b. Personnel will remain in the vehicle until instructed otherwise.
- c. Personnel will follow the receiving facility staff instructions on patient destination and transfer conditions closely.
- d. **Only those personnel protected by appropriate PPE will participate in the patient transfer.** The apparatus driver will assist in the patient transfer to the hospital and then return to the ambulance and drive it to a decontamination site. Destination site to be given by D.C.
- e. Patient information and a care report will be rendered normally when the receiving staff is prepared to receive it.
- f. Upon transferring the patient to the care of the receiving facility, the transfer crew will participate in decontamination procedures and doff their PPE according to the receiving facility's guidelines.
- g. Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a surgical mask.
- h. 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.

- i. 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.

7. Returning to Service and Post Run Procedures

- a. The apparatus utilized should be parked in a secure location and marked clearly with warning signs indicating its possible “contaminated” condition.
- b. All personal contact with the vehicle prior to thorough decontamination should use approved PPE list above for protection.
- c. Attending personnel should remain at the decontamination area of the receiving facility until given instructions by the department administration.

8. Documentation and Follow up

- a. All details of the procedures followed should be included in the Patient Care Report.
- b. A full account of the incident and procedures followed should be documented by the Deputy Chief as part of a standard Exposure/Incident Report.
- c. Records of the individuals involved and their possible exposure should be kept in their employee’s health file.
- d. Individuals who’s protection integrity was brought under question during any time during the incident should be quarantined for the 14-day incubation period and follow regular exposure guidelines.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a possible infected patient:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should 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.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.

- 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) healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- 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.
- 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.
- 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.