SOG 400.2.10 NOVEL VIRUS RESPONSE PROCEDURES

ADOPTED: March 13, 2020 REVISED: November 12, 2020

PURPOSE:
To establish response procedures by Jefferson Fire District for reducing the risk of spreading a novel virus such as (2019-nCoV), commonly referred to as COVID-19. The objectives are:

1. Prevent exposure to our crews and those we encounter, such as the public and family members.
2. Preserve our supply of PPE in the event of a prolonged outbreak.

PROCEDURES:

1. 9-1-1 calls received by METCOM where the chief complaint is a breathing problem, sick EID, sick, or cardiac, the call taker will ask questions to try to determine if there is a possibility of a novel virus. If so, METCOM will advise responders of the potential. Be aware the questions asked by the call taker may not trigger the need for precautions broadcast by METCOM. If you are responding to one of the above call types and precautions were not advised, you still need to be cautious. A patient with early onset of a novel virus may not present the triggering symptoms.
2. Response to respiratory/flu like calls: The Duty Officer or medic crew shall inform METCOM to advise the patient (if capable) to meet the first responder(s) at the door/outside or obtain a phone number to contact the patient. If possible, first contact of the patient should be outside or by phone.
3. Patient contact with a person with known COVID-19 or signs and symptoms of COVID-19 shall be defined as being less than six-feet away for a period greater than 15 minutes.
4. Personal Protective Equipment, Masks, Face Coverings, Face Shields. EMS providers must apply the following procedures when engaged in emergency medical services or other patient care on all calls.
    a. All patients are initially assessed from a distance of six feet to reduce potential for exposure of workers to COVID-19 or other infectious illness. There will be situations in which this option will be automatically excluded by the type of call.
    b. Patients and family members must be asked to wear their own mask, face covering, or face shield (if tolerated) prior to the arrival of EMS personnel and throughout the duration of the encounter, including during transport. If they do not have a mask or face covering, they should be offered a mask or face covering, as supplies allow. Bystanders and family will be asked to maintain the minimum of six-foot physical separation from EMS workers.
    c. Masks or face coverings should not be placed on children under the age of 2 years old, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask or face covering without assistance.
    d. When circumstances permit, only one provider will directly assess the patient.
    e. If circumstances allow, interview the patient outside the residence in open air.

f. The minimal expected amount of equipment should be brought to the patient's side, however, SP02 is required.

g. The interview should be done from the maximal distance that still allows for clear communication.

h. Avoid standing directly in front of the patient.

i. If a nasal cannula is used, a mask should (ideally) be worn over the 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.

j. Masks or respirators must be worn by EMS providers while they are engaged in emergency medical services or other patient care. Face coverings must not be used as a substitute for a mask or respirator when respiratory protection (droplet precautions for a mask, airborne precautions for a respirator) is required.

k. During direct patient care in the EMS setting, use of respirators without exhalation valves is preferred but not required. Respirators with exhalation valves must not be used except in combination with appropriate source control, as they allow unfiltered exhaled breath to escape; and when dealing with an individual known or suspected of being infected with COVID-19, EMS providers must wear a NIOSH-approved N95 or equivalent or a higher-level respirator, a gown, gloves, and eye protection (face shield or goggles).

5. Special Provisions for the Transport of Patients (Emergency and Non-Emergency) with Suspected or Confirmed COVID-19. For any patient meeting any of following criteria:

- Symptoms of lower respiratory infection, such as fever, cough, or shortness of breath,
- Recent contact with someone with known COVID-19; or
- Call location is a long-term care facility known to have COVID-19 cases.

EMS providers must apply the following procedures when engaging in transporting, whether emergency or non-emergency:

a. Involve the fewest EMS personnel required to minimize possible exposures; others riding in the ambulance must be limited to those essential for the patient's physical or emotional well-being or care (for example, care partner or parent.).

b. Ensure that the patient is masked. The patient mask must not have an exhalation valve, as it would allow unfiltered, exhaled breath to escape.

c. Provide medical care per protocol.

d. Ensure that personnel use contact, droplet, and airborne precautions, as follows:

1. Wear a single pair of disposable patient examination gloves
2. Wear disposable isolation gown. If there are shortages of gowns, they should be prioritized for aerosol-generating

procedures, and care activities where splashes and sprays are anticipated.

3. Use respiratory protection (an N-95 or higher-level respirator). If respirator supplies have been depleted, facemasks are an acceptable alternative. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols.
4. Wear eye protection (goggles or a disposable face shield that fully covers the front and sides of the face).

e. Use caution with aerosol-generating procedures and ventilate ambulance if possible.
f. Notify the receiving hospital (according to local protocols) of potential infection as soon as possible.
g. Disinfect using EPA registered Disinfectants for Use Against SARS-CoV-2.
h. Drivers, if they provide direct patient care (for example, moving patients onto stretchers), must wear the PPE listed above.
   1. After completing patient care and before entering an isolated driver's compartment, the driver must remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
   2. If the transport vehicle does *not* have an isolated driver's compartment, the driver must remove the face shield or goggles, gown, and gloves and perform hand hygiene, but continue to wear a respirator, mask, or face covering during transport.
i. Patients who do not meet the criteria listed above can be cared for using standard precautions, with use of transmission-based precautions determined by clinical presentation.

6. Decontamination after calls with patient(s) who have respiratory, flu like and/or confirmed COVID-19 symptoms:
   a. Medic unit should be wiped down with sanitizing wipes and all surfaces sprayed with either a diluted mixture of water and Cavicide or Lysol spray. To be effective, a sanitizing spray should remain on the surface for a minimum of three (3) minutes before wiping off. While this task is being performed, medic load door will remain open until all surfaces are dry.
   b. Face mask, gowns and gloves shall be thrown away.
   c. Goggles may be soaked in a bleach or Cavicide solution.
7. Work Exclusion and Monitoring Plan Considerations Refer to Table 1 below.

TABLE 1: Work Exclusion and Monitoring Plan Considerations for Jefferson Fire District Activities by PPE and Source Control for Confirmed or Highly Probable Novel Virus Patients.

Sample Activity	Personal Protective Equipment Used by Health Care Provider					Source Control	Work Restrictions	Follow up and Monitoring Plan
	Res	Mask	Goggles	Gown	Gloves	Patient Masked		
Patient care with NO aerosol generating procedures *	+	-	+	+	+	-/+	None	Self-Monitor
	-	+	+	+	+	-/+	None	Self-Monitor
	-	+	+	-	-	-/+	None	Self-Monitor
	+	-	-	-	-	-/+	None	Self-Monitor
	-	+	-	-	-	-/+	None	Self-Monitor
Patient care with aerosol generating procedures	+	-	+	+	+	N/A	None	Self-Monitor
Patient care with NO aerosol generating procedures	-	-	-	-	-	-/+	Work Exclusion	Active Monitoring
	-	-	+	+	+	-/+	Work Exclusion	Active Monitoring
	+	-	-	+	+	-	Work Exclusion	Active Monitoring
	-	+	-	+	+	-	Work Exclusion	Active Monitoring
Patient care with aerosol generating procedures	Any variation that does not include full PPE (N95, goggles, gown and gloves)					N/A	Work Exclusion	Active Monitoring

RED: Exposure warrants active monitoring/potential work exclusion
+ designates PPE category used throughout the activity, assumes appropriate donning, doffing, and hand hygiene.
- designates PPE category not used.
-/+ designates PPE category either used or not used, action steps not contingent on this item.
Res = Respirator: Refers to respirator protection at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator, including NIOSH-approved powered air-purifying respirators (PAPR's).
* Provision of patient care that requires extensive direct contact with the patient and their immediate environment should include use of PPE and hand hygiene.
Aerosol: Shall mean the patient is producing airborne droplets from their exhalation, cough and/or sneezing. Aerosol shall also include any breathing treatment administered to the patient.
Standard respiratory illness precautions: Stay home if ill.
Self-Monitoring: Perform self-monitor for fever or respiratory symptoms (cough, sore throat, or shortness of breath) for 14 days from last exposure.
Active Monitoring: Member shall quarantine themselves and contact their primary physician for authorization to be tested for a novel virus. If you do not have a primary physician, contact Emergency Room or Urgent Care (identify yourself as a First Responder). The member shall take their temperature twice a day and monitor themselves for cough, sore throat or shortness of breath. The member shall remain in quarantine for 14 days from the exposure. Member may return to service if the novel virus test was negative.
Highly Probable: Is two or more novel virus symptoms such as cough, fever over 100.4, muscle aches, shortness of breath, and/or sore throat.