

SOUTH WALTON FIRE DISTRICT

DEPARTMENTAL GUIDELINE



CATEGORY	TITLE	GUIDELINE Version#
Emergency Medical Services	Coronavirus Procedures (COVID-19)	Interim Policy
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Approved By: Ryan Crawford, Fire Chief		Issue Date: 03/30/2020

PURPOSE

The following policy is to provide guidance to all SWFD personnel when responding to possible COVID-19 incidents. Any patient exhibiting flu-like symptoms or signs of an infectious respiratory process to include fever, cough, or dyspnea should be treated as a possible COVID-19 patient until proven otherwise.

RESPONSIBILITY

It is the responsibility of all SWFD personnel to adhere to infection disease guidelines to prevent transmission of contagions to other staff and family members. SWFD personnel will wear the appropriate personnel protective equipment (PPE) when in contact with suspected or known COVID-19 patients. The proper use of personal protective equipment (PPE) is an effective measure to combat contamination and transmission of COVID-19.

PROCEDURES

1. 911 Scene Calls

- a. SWFD communications will utilize pre-determined screening questions to determine risk level of patients that present with infectious symptoms.
- b. Crews will be notified via dispatch that “Isolation Precautions” are to be utilized.
- c. Crews will use the minimum number of personnel possible to provide patient care and transport.
- d. Crews will utilize **ALL** PPE to include gown, gloves, surgical mask or N95 as directed, eye protection and foot covers as provided for in the PPE kits. **Personnel are not permitted to wear partial PPE ensembles unless a mask is specifically required to enter a healthcare facility.**
- e. In order to provide a secondary screening process, crews will perform a “**doorway triage**” prior to making contact with any patient. The following question should be asked of every patient, family and occupants prior to the

triage rescuer entering the residence or breaching the patient halo. "Has anyone in the household experienced a fever, cough, trouble breathing within the last 14 days" If the answer is yes, crews should continue with coronavirus procedures. If the answer is no, crews are to provide patient care as appropriate with the minimum number of personnel possible.

- f. When encountering **any** patient, crews are to consider the six (6) foot perimeter surrounding the patient as a halo. A single rescuer wearing the appropriate PPE should enter the halo to triage the patient. Crews will maintain any unnecessary equipment and personnel outside of the halo area until requested by the triage rescuer. A face mask (not a N95 mask) or non-rebreather will be placed on **ALL** patients for source control isolation. The triage rescuer is to obtain a detailed history/physical of the patient. The triage rescuer will decide on the number of personnel & equipment needed to complete the call.
- g. All patients are to have a temperature taken and a face mask placed upon initial contact of the triage rescuer.
- h. Crews should utilize the rescue's ventilation system during transport. The driver and care provider should set the rescue's ventilation system to NON-recirculating and open all vents.
- i. Avoid non-essential "aerosol-generating" procedures in **all patients** such as breathing treatments, CPAP, suctioning, BVM ventilation and ET intubation. This only pertains to non-essential interventions, if the intervention is required as a life saving measure then provide it. If any airway intervention is provided, personnel must upgrade their PPE to include a N95 mask along with a full-face shield mask. Both items are located in the "aerosol intubation" kits located on the apparatus.
- j. Current transport protocols are unchanged, transport as appropriate.
- k. Notify the receiving hospital as soon as possible so that they can make the appropriate preparations as well as to provide you with the proper intake process.
- l. Drivers are to doff their PPE prior to entering the cab except for the surgical mask or N95 mask. Drivers should place their contaminated PPE in a red biohazard bag and discard once at the receiving facility. Upon arrival, drivers are to don gloves and a gown to assist in patient transfer.
- m. After the patient has been transferred to the hospital staff, the **driver** is to keep their PPE on as they decontaminate the equipment and rescue. The other crew member should doff their PPE as directed below. The front cab of the rescue may also need decontamination depending on the situation. Use provided cleaning solutions to decontaminate all equipment.
- n. Doff all personal protective equipment in an appropriate decontamination area. All contaminated PPE should be disposed of in a biohazard receptacle. Crews should immediately **perform good hand hygiene by thoroughly washing their hands.**

- o. All decontamination procedures should take place prior to leaving the receiving facility. All crews and equipment should be cleaned prior to returning to their respective stations.

2. Interfacility transfers & long-term care facilities

- a. Crews should take special precautions when treating and transporting patients located in hospitals or long-term care facilities. Patients may not be able to answer questions appropriately and most have comorbidities that may mask potentially infectious conditions.
- b. **Prior to making patient contact**, crews are to locate the nurse in charge of the patient's care to obtain a history. If the patient has had a recent history of an infectious respiratory process crews should ask the screening question "Has the patient experienced flu-like symptoms or signs of a respiratory illness to include fever, cough, or dyspnea within the last 14 days"
- c. If the crews receive "yes" answers to the above questions, PPE should be donned prior to making patient contact as described above.
- d. Crews are to follow the same treatment, transport and decontamination guidelines as described above.

3. Beach Safety Treatment Guidelines

- a. Beach Safety personnel should use caution when providing medical treatment to beach patrons.
- b. Beach personnel should minimize the number of personnel providing direct patient care. Multiple guards should not be utilized unless life saving measures are required.
- c. Beach personnel should utilize the halo principle when making patient contact. Prior to entering the six (6) foot halo around the patient, personnel should ask the following screening question "Have you experienced flu-like symptoms or signs of a respiratory illness to include fever, cough, or dyspnea within the last 14 days"
- d. If the patient answers "no" to the screening questions and does not present with an infectious respiratory process, beach personnel are to provide medical care as appropriate.
- e. If the patient answers "yes" or displays signs of an infectious respiratory process, personnel are to refrain from entering the six (6) foot halo. **Medical treatment should be deferred except for life saving interventions.** A radio report should be provided to the incoming ALS units of a suspected COVID-19 patient and all pertinent information.
- f. If appropriate, personnel should encourage the patient to self-extricate off the beach to meet the ALS unit.

4. ESO Documentation

- a. The ESO reporting software has multiple fields that should be used to document our response to the pandemic. We will utilize this function as an internal process to document possible COVID-19 calls that may not have been captured during the primary screening process. Crews should complete the following fields for any suspected COVID-19 patient. It is vital that crews document appropriately in all specified fields so that we are able to track PPE usage along with providing follow up on possible exposures. All three of the following fields should be completed on any suspected COVID-19 patient.
 - i. **Personal Protective Equipment** – from inside the EHR, click on the name of the personnel assigned to the call. A submenu will open with the question “Personal Protective Equipment”, enter the appropriate PPE worn on the call. The PPE question should be entered for all personnel with patient contact regardless of the unit they were on. Please include any personnel assigned to a suppression unit that had patient contact.

The screenshot shows a software interface for personnel management. On the left, a 'Personnel' list includes 'HUGHES, BRIAN' with 'PPE (0)' and buttons for 'Add Crew' and 'Add Non-Crew'. On the right, a detailed view for 'HUGHES, BRIAN' shows a role selection (Lead, Driver, Other) and a 'Personal Protective Equipment' section with the text 'Eye Protection, Gloves, Gown, Mask-Surgical (Non-Fitted)' and a menu icon.

- ii. **Clinical Impression** – on the narrative tab, there are three COVID choices at the bottom of the list for clinical impression. For any suspected COVID-19 incident, personnel should use one of the COVID-19 choices. Select the most appropriate choice. There are also secondary impressions and supporting symptoms to validate the decision to use a COVID-19 impression.

The screenshot displays the 'Clinical Impression' section. It features a 'Primary Impression' dropdown menu with the selected option 'COVID-19 - Suspected - no known exposure'. Below it is a 'Secondary Impression' dropdown menu with the selected option 'Fever'. At the bottom, there is a 'Medical/Trauma' section with three buttons: 'Medical', 'Trauma', and 'Medical & Trauma'.

- iii. **Outbreak Screening** - under the forms tab, select Outbreak Screening and complete all fields. This will be a mandatory field, if a non-related COVID-19 call select the UTO button at the top of the form.

- iv. **Incident Reports** – personnel are to complete the following field under the Incident Report for all call types. Under the incident tab, after Incident Type, there is a question asking if COVID-19 was a factor for this call. Select the appropriate answer. This is now a reportable field for our NFIRS reporting.

5. Exposure & Reporting Guidelines

- a. The criteria that must be met for a patient contact to be considered a true exposure to the COVID-19 virus.
 - i. The patient must test positive for the COVID-19 virus.
 - ii. There must have been a breach in the personal protective equipment or there was no personal protective equipment used.

- iii. If you care for a potential COVID-19 patient and you wore the appropriate PPE, you do not need to complete an exposure form as this is not an exposure.
 - iv. Complete the Exposure form located under forms on DES. Do not complete the section for source information. **No patient information is to be included on the form.**
 - v. Email the form to the EMS Chief (Infection Control Officer) and copy your District Chief for their awareness. Include in the body of the email the incident number and a brief summary of the incident.
- b. For any potential exposure, personnel are to self-monitor for signs of a fever, cough, dyspnea or sore throat for 14 days and record their findings each day on a self-monitoring form. For any onset of the above symptoms, personnel are to notify the on-duty District Chief immediately. If the employee is on duty at the time, they are to don a surgical mask and separate from the rest of the crew until instructed by the District Chief.