

# Special Notice – Costa Mesa Fire & Rescue

## Enhanced BSI and Infection Control Guidelines – COVID Precautions

**Updated – April 14, 2020**

The following Updated Operational Guidelines are to be immediately implemented:

### **Daily Usage of Source Control Masks for all CMFR members.**

- In accordance with the City Manager’s Emergency Face Covering Regulation – Mandatory of wearing a face covering or mask when leaving their places of domicile or residence.
- CMF&R personnel will utilize a “Mask” or “Face Covering” as defined by the CDC whenever individuals are outside of the fire station, exclusive of being inside and/or traveling in fire apparatus.
- Utilization of “Masks or Coverings” is to be “Source Control” and is not a replacement for PPE on emergencies incidents.
- Face coverings are not required in the station or when inside fire apparatus.
- All emergency incidents will continue to utilize the appropriate PPE as outlined below.
- **\*\*All employees will wear an N95 mask or better during all emergency calls\*\*\***
- Continue to use proper PPE inventory conservation by reusing N95 mask when guidelines for continuous use is observed.

### **Emergency Incidents/ Response**

**\*\*All employees will wear an N95 mask or better during all emergency calls\*\*\***

#### **Dispatch recognition questions**

Upon receipt of a medical aid involving a patient with a **fever or flu-like symptoms**, Dispatch will ask the following questions:

- *Have you or anyone at the location had contact with any known positive COVID-19 patient(s)?*
- *Do you or anyone at the location have flu-like symptoms such as runny nose, headache, cough, sore throat, shortness of breath or a fever?*
- *Advise to call your Health Care Provider first for Flu like symptom incidents*
- *Please ask caller and patient to step outside of the residence and wait for the fire/police department.*

If the answer is **YES**, dispatch will notify responding police and fire units via MCT to use **Universal Precautions – BSI**.

On arrival Company Officers will assess the situation and based on all relevant information both from dispatch and from the RP.

The Company Officer will then decide on the proper course of action as to either continuing the call as a **Flu-like symptom response** or upgrading the response to a **COVID Enhanced BSI and PPE, Infection Control Response**

**Standard Response** - Standard response is a non-modified response to a medical aid call. All standard PPE universal precautions will be used. This is to a Non-Flue Like Symptoms or Non-COVID possible patient.

**Flu-Symptoms Response** – This response to anyone with *Flu-Like Symptoms* that has **NOT** answered **yes** to the dispatch recognition questions or been identified as COVID possible.

Contact crewmembers will don Full PPE –

**\*Note:** Please advise the EMS Manager and the On-Duty Battalion Chief of this response, immediately following the call. If it is late into the shift or early am hours, please text and follow-up with an email. Please provide to the EMS Coordinator the incident number and date for follow up.

**COVID Enhanced BSI / PPE and Infection Control Response** – This response is triggered by an either dispatch identifying a **Confirmed Positive Infected Patient** or the Company Officer on arrival determining the need to upgrade the response based on *relevant information obtained* that the patient or situation has the possibility of contact with a **COVID infected person**. The COVID Enhanced Response will require the Company Officer to Notify the BC of the call. All members that are in the immediate area of the patient will follow the Best Practice BSI / PPE Infection Control Precautions: The Patient may be transported based on BLS vs ALS Criteria. This is no longer an automatic ALS call.

Recommended best practice for contact with all patients with flu-like symptoms:

- 1) Close contact with someone with flu-like symptoms (close contact is defined as within approximately 6 feet or within the same room/care area, of a patient with suspected/confirmed with flu-like symptoms within 14 days of symptom onset.
- 2) If there is a history or reports of flu-like symptoms the dispatch unit should initiate flu-like symptoms contact precautions before initiating patient contact:
  - a) **ALL EMPLOYEES WILL WEAR AN N95 MASK or BETTER DURING ALL EMERGENCY INCIDENTS/CALLS**
  - b) Gloves and,
  - c) Isolation gown and,
  - d) Eye protection
  - e) APRs if needed
- 3) Any incident that has flu-like symptoms, initiate a **1-in-3-out** response:
  - a) The 1-in-provider should dress in appropriate PPE (see above bullet) prior to making patient contact and maintain a distance of 6 feet from the patient while ascertaining a general impression, chief complaint, possible travel and contact history. If the patient is able to ambulate outside, encourage the patient to exit into the open air. It is important to limit contact with anything in the immediate environment (transmission appears to be mostly droplet – on **silverware/door knobs/etc.**)
  - b) The 3-out-providers (not needed for direct patient care) remain outside **donning an N95 or better** and are ready to don additional PPE if needed to assist 1-in-provider. Pass any essential equipment to the 1-in-provider.
  - c) Place a surgical mask on the patient. This will help reduce exposure to droplet/secretions during coughing. N95 masks are not recommend on the patient.
- 4) Patients with symptoms of a fever or reports history of a fever; shortness of breath/difficulty breathing; or cough:
  - a) Place a surgical mask on the patient. This will help reduce exposure to droplet/secretions during coughing. N95 masks are not recommend on the patient.
  - b) Use supplemental oxygen per guidelines

- 5) Notify the receiving hospital of potential infection as soon as possible to allow for emergency department preparation
- 6) Limit the number of personnel in the back of the ambulance if possible
  - a) Do not allow family in the ambulance if possible.
- 7) Use caution with aerosol generating procedures such as suctioning, CPAP, BVM, intubation and administering a nebulizer. If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- 8) Properly doff and dispose of PPE according to protocol and properly wash your hands. All discarded PPE must be placed in a red biohazard medical waste bag to be discarded at the hospital.
 

Documentation of patient care should be done after EMS providers have completed transport, removed their PPE and performed hand hygiene. Documentation must include:

  - a) All personnel who had contact with the patient; especially those who provided direct patient care.
  - b) Document that a surgical mask was placed on the patient. If a mask was not applied to the patient, describe why.
  - c) Document the PPE that was worn by crew members. If proper PPE was not worn, describe why.
  - d) Use the Overall/Primary Impression "Cold/Influenza (Flu like symptoms/ILI/Body Aches)
- 9) Clean and disinfect all equipment with EPA registered disinfectant.

All apparatus and ambulances have been stocked with the following;

Standard issue PPE and BSI equipment

\*\*COVID response bag that includes – Tyvek suits, APR\*\*

WMD bag with full protective suit, Scott Mask adaptors, Air filtration canister.

#### **IN THE EVENT OF A POSSIBLE OR KNOWN EXPOSURE:**

1. In the event of a known exposure or potential exposure contact Larry Grihalva–714-225-2211 and the on-duty Battalion Chief immediately.
2. The EMS Coordinator will evaluate the exposure risk:
  - a. If all PPE is donned during patient care, this is not considered an exposure. If you have questions about a possible exposure, contact EMS Coordinator Grihalva by phone.
  - b. For high-risk exposures (no PPE or breach in PPE), complete the communicable disease exposure paperwork (OCEMS Policy 330.96 – Communicable Disease Exposure Form). EMS Coordinator Grihalva will facilitate the communications and completed form to OC Health Care Agency (OCHCA). The OCHCA email address is: [ehs@ochca.com](mailto:ehs@ochca.com)
  - c. EMS Coordinator Grihalva will follow up with OCHCA and/or the hospital regarding exposure and patient outcomes.
3. CMF&R is following the OCHCA COVID-19 Mitigation Strategy for First Responders:
  - a. Orange County's mitigation strategy now hinges on presentation of symptoms.
    - i. If a person does not have symptoms, they do not need to be excluded from work.
    - ii. If a person is showing symptoms (fever, cough, shortness of breath) they should be excluded from work until:
      1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
      2. At least 7 days have passed *since symptoms first appeared*
    - iii. Those who are high-risk with symptoms should contact their doctor.