

Disposition: Retain Until Further Notice

DIRECTIVE # 20003

Date: March 13, 2020

To: All Fire Department Personnel

From: Wade Gillen, Assistant Chief

Subj: COVID-19 Procedure

Introduction

This directive was promulgated to ensure that Corsicana Fire Rescue members understand the proper procedures for assessing, treating, and transporting patients for possible COVID-19. Personnel should also refer to Policy 903 for communicable disease guidelines.

Description

Emergency Medical Service (EMS) providers should use universal precautions on every call. The COVID-19 outbreak serves as a clear reminder that provider safety is paramount on every call.

Initial assessment of every patient with respiratory illness 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 surgical type facemask is on the patient. EMS providers should follow standard procedures and use appropriate personal protection for evaluating a patient with a potential respiratory infection.

Dispatch Centers

Dispatchers receiving calls for fever or respiratory illness should question callers about their symptoms and risk factors for COVID-19 infection. Suggested queries include:

Fever (subjective or confirmed) or respiratory illness (cough or shortness of breath)

AND

A history of travel from China, Iran, Italy, Japan, South Korea within 14 days of symptom onset

AND

Close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset

These questions should be loaded in the CAD system if possible to ensure proper screening. If dispatchers advise EMS personnel that the patient is suspected of having COVID-19, based on the signs and symptoms and risk, EMS providers should put on appropriate personal protection equipment (PPE) before entering the scene. This PPE will include N-95 mask, gown, gloves, and eye protection.

Dispatchers should limit the number of resources on the scene of a suspected or potential COVID-19 case. For incidents where the only complaint is fever or respiratory illness and COVID is suspected, the assigned ambulance should be the only responding apparatus.

Procedure for Treatment and Transport

Lead Paramedic

EMS Providers who will directly care or transport/transfer a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions and procedures, and wear the following PPE:

- Wear a single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated;
- Wear a disposable isolation gown;
- Wear respiratory protection (i.e., N-95 or higher-level respirator); and
- Wear eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- All personnel should avoid touching their face while working.

In addition to PPE requirements personnel shall:

- If possible limit the number of personnel who come into direct contact with the suspected patient. At the discretion of the lead paramedic, the responders may choose to allow only one member of the ambulance to make patient contact.
- Prior to Transport, Notify the Shift Commander if COVID is suspected.
- The Shift Commander will contact the Navarro County Health Department at (903) 654-1643
- Notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 infection so that appropriate infection control precautions may be taken prior to patient arrival.
- If Transport is to Navarro Regional Hospital, the patient will most likely be taken into T-14 from the outside door from the Ambulance entrance. Do not take patient into the Emergency Room unless directed by Navarro Regional Staff to do so.
- On arrival, after the patient is released to the facility, EMS providers should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Documentation of patient care should be done after EMS providers have completed transport, removed their PPE, and performed hand hygiene.
- EMS documentation should include a listing of EMS clinicians and public safety 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.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.

- 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.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.
- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- EMS providers 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.
- 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.

Drivers:

- Drivers that provide direct patient care (e.g., moving patients onto stretchers) should wear all above recommended PPE. After completing patient care and before entering the driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- Close the slide window to the cab from the patient module. If the transport vehicle does **not** have an isolated driver's compartment, an N-95 or higher-level respirator should continue to be used during transport.
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- 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.

Patients:

- A surgical facemask should be worn by the patient for source control.
- Family members and other contacts of patients with possible COVID-19 infection should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a surgical facemask.
- If a nasal cannula is in place, a surgical 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.

Cleaning

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment:

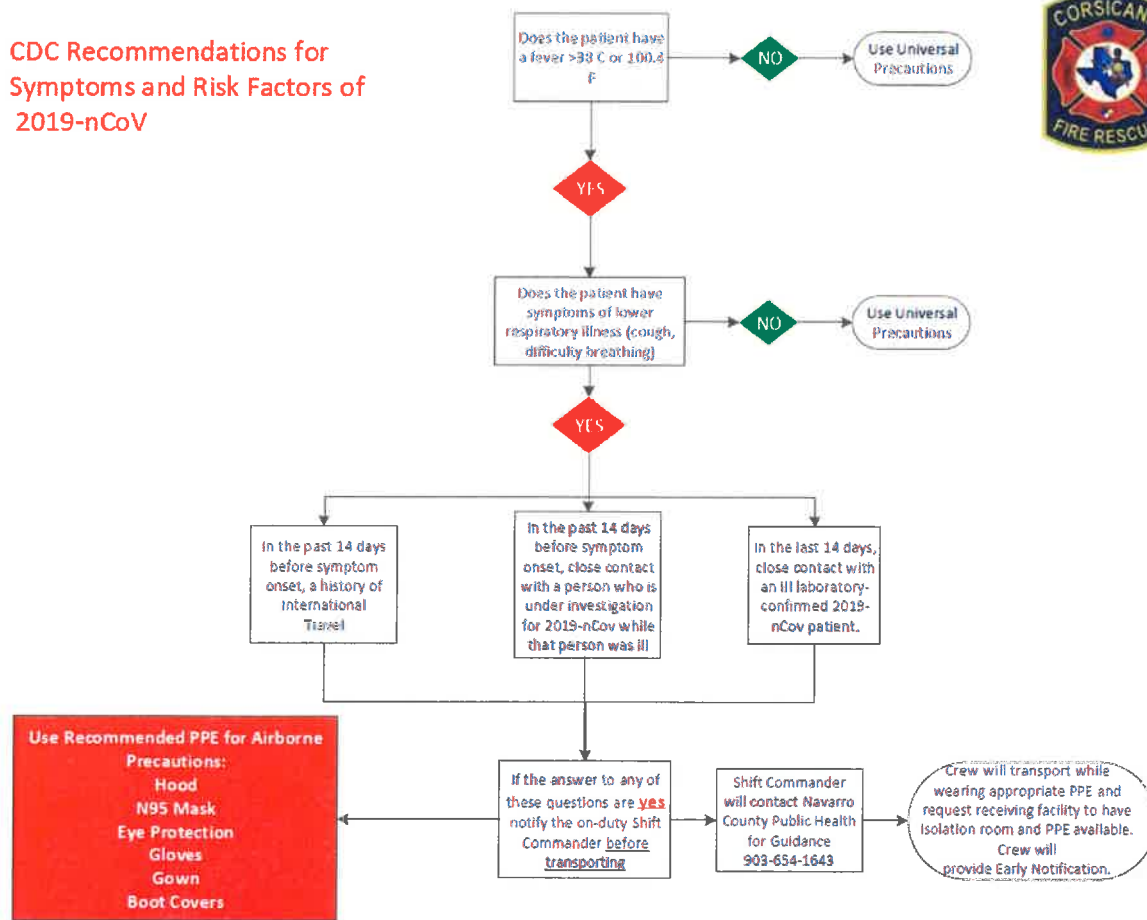
- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
- The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.


- When cleaning the vehicle, EMS providers 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 COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

Flow Chart

Personnel will utilize the following flow chart when encountering a potential COVID-19 Patient:

CDC Recommendations for Symptoms and Risk Factors of 2019-nCoV



Approved By: 

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