



SUMNER COUNTY EMERGENCY MEDICAL SERVICES



March 22, 2020 - FOR IMMEDIATE RELEASE TO ALL SUMNER COUNTY FIRST RESPONDERS

Re: Update - Sumner County EMS, Clinical Operations Guidelines / Protocols
Recommended Pandemic Response Guidelines for Fire Departments

From: The Office of Clinical Issues and Training
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Purpose: The purpose of this protocol update is to provide fire departments with recommendations for limiting exposure of firefighters to COVID-19, thereby reducing infections and transmissions of the virus to other first responders and/or patients.

Background: The first person to be diagnosed with COVID-19 in the United States traveled from Wuhan, China to Seattle, Washington on January 19th, 2020. On March 11, 2020 the World Health Organization (WHO) declared a "global pandemic". By March 15, 2020 over 50 firefighters / EMS personnel in the United States had been quarantined with one responder testing positive. COVID-19, commonly referred to as Coronavirus, is a communicable viral infection that has quickly spread in pandemic proportions worldwide and has the potential to develop into severe illness. For normally healthy adults, the infection is relatively benign with severe cases occurring mostly in the geriatric population, especially in those with underlying comorbidities or weakened immune systems. It is important to understand that ANYONE can become infected by COVID-19, but the "at risk" population is more related to those being at a higher risk of mortality (death) from infection.

As a first responder, one must be aware of the possibility and likelihood of transmitting the infection by serving as a carrier from one patient to another, and also of the risk to oneself, should they become infected. Transmission of COVID-19 occurs primarily via respiratory droplets, and can be mitigated effectively through careful observation of **droplet precautions** such as utilization of appropriate face masks, hand washing, and by preventing exposure to possible sources of infection. Early recognition is very important, and regular screening for symptoms is an effective practice. The primary symptoms of COVID-19 infection are **cough, fever, and shortness of breath**. The maximum period of incubation that has been observed is 14 days from the time of exposure, and is at a minimum of approximately two days, but is most commonly 4 days on average. During the incubation period, an individual may remain asymptomatic (without symptoms), and may be unaware of the infection. They can, however, be contagious, and may cause infection. Any recent history of travel outside of the country, or close proximity to anyone that has any recent exposure to individuals known or suspected of being infected with COVID-19 should increase one's index of suspicion for possibility of infection.

First responders must take extraordinary precautions to combat infection and risk of transmission. It is our duty to execute our due diligence to treat our patients most effectively, and the **most effective treatment is always prevention.**

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Effective March 23, 2020



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Plan:

Exposure Mitigation

- Limit exposure by staging for EMS on less critical patients to determine the minimum necessary resources to provide appropriate care in order to limit the number of exposures.
- Prior to arrival, ask dispatch to have the patient wait outside of the residence if possible.
- If first on scene, patient contact should only be made if equipped with proper PPE
 - If proper PPE is absent, **DO NOT** make patient contact.
 - If the patient's condition mandates immediate intervention, then it is recommended that the firefighters' SCBA be utilized. An SCBA is as effective (if not more so) as a respirator or air purification system for the purposes of infection prevention.
 - The firefighter with the highest level of EMS licensure should be the one designated by the Officer-In-Charge (OIC) to enter the residence and make patient contact.
 - Reduce equipment and personnel brought into residences to only essential needs.
- If second on scene, stage near residence and await guidance from EMS crew.
 - For critical patients, the role of firefighters will be to drive the unit only, if possible, in order to limit exposure.
 - Even while driving the ambulance, proper PPE (N95 Respirator) should still be worn.
 - Vehicle operators should remove exposed gloves PRIOR TO entering the ambulance cab.

Decontamination

- Proper decontamination should be performed after all calls, regardless of call type.
 - Proper doffing techniques should be observed.
 - Simple disinfection of surfaces with disinfecting products is necessary (i.e. Lysol, Clorox, PDI Sani-cloth, a bleach [$\frac{1}{3}$ cup of bleach per gallon of water], or other alcohol solutions greater than 70% alcohol).
 - Proper hand washing is the most effective method for preventing transmission.
 - Follow manufacturer guidelines for disinfecting and reusing N95 respirator if applicable.
 - Strictly adhere to the disinfection/decontamination processes as recommended by the manufacturer, as many forms of decontamination can destroy the integrity and efficacy of the respirator.
 - China has shown efficacy in decontaminating via heat and UV light.
 - Heat of 132 degrees (F) for a period of at least 30 minutes in conjunction with UV light.

Recognition

- It is recommended that a systematic, proactive approach such as regular screening for initial symptoms and risk factors is utilized in order to detect possible infection early and to prevent secondary transmission.

Provided below is an example of a form which may be utilized to monitor for the possible need for further assessment and/or testing and preventative actions:

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EMPLOYEE COVID-19 SCREENING TOOL

Each question is assigned a point value for positive responses. To evaluate the risk of infection, combine the points, and then refer to the screening tool point system. In addition to the questionnaire, temperatures will be recorded regularly and documented.

Primary symptoms include, but are not limited to:

- **Temperature ≥ 100.4** (*with a clinically reliable thermometer*)
- **Cough**
- **Shortness of breath**

POINTS OF EMPHASIS

- 1 Have any family or friends you have been in contact with shown symptoms?
- 1 Have you been in contact with any patient that is suspicious for COVID-19?
- 3 Have you experienced two or more of the above symptoms?
- 3 Has any family member or patient you have had contact with tested positive?

0 points - Normal screening

1-2 points - 24 hour checks to monitor for changes

≥ 3 points = Immediate contact precautions and testing

If for any reason, you feel that you are unable to perform effectively, contact a first-line supervisor for further consultation. Employees should have automatic 24 hours checks for 3 days if they have been tested for COVID-19 and test results are negative, this is to ensure signs and symptoms are not worsening. Current tests are not 100% reliable.



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Resources:

[Management of Patients with Confirmed 2019-nCoV](#)

[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases | CDC](#)

[Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\) | CDC](#)

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\)](#)

[Healthcare Professionals: Frequently Asked Questions and Answers | CDC](#)

[CARE](#)

[What kills novel coronavirus?](#)

[1891: Standard on Selection, Care, and Maintenance of Hazardous Materials Clothing and Equipment](#)

[NFPA 1581 - Infection Control for Fire Departments](#)

Here is a link to an interesting podcast through the NFPA:

[Responder Safety in a Pandemic](#)

These guidelines are being recommended based on currently available research as of March 23rd, 2020 regarding the COVID-19 virus, and remain subject to amendment as more information becomes available.

For personnel who are non-compliant with these recommendations, a plan of action will be left to their own specific department administrators.

This update may be considered protocol / standing order effective immediately. Personnel will be provided further updates as recommendations and orders come from our Medical Director and other officials as new information develops. ***Our focus is to protect the wellbeing of our providers as valued members of the healthcare community.*** We are also proud to research and develop protocols and acquire necessary equipment and medication that allows us to maintain a high standard of care to the patients we serve while minimizing the risks to all personnel. Recommendations are welcome and should be sent to the Office of Clinical Issues and Training for consideration.