

Sumner County

Emergency Medical Services



COVID-19 Plan

March 13, 2020 (Revised)

Specified Part of Sumner County EMS Pandemic Plan For COVID-19

Background

CDC reports that COVID-19 is not airborne. It is droplet and contact transmission. We are still going to treat as airborne precaution. Exposure area is anywhere within a 6-foot radius of the patient. Incubation period is anywhere between 2-14 days after exposure. Once an encounter is confirmed of COVID-19, the crew will be observed within the incubation period. Any time signs/symptoms develop, the crew will either be sent home if they are at work or will not report to work if at home. The employee will not be able to return to work until a complete 24 hours after their fever breaks without being on anti-pyretics.

Personal Care

- DO NOT come to work sick.
- Wash your hands for at least 20 seconds.
- Take care of yourself.
- Avoid touching your mouth, nose or eyes.
- Wipe down cell phones, doorknobs, remote controls or other surfaces that are frequently touched.
- Get as much rest as possible.
- Eat right and exercise.
- Do not wear your uniform home. Change your clothes before leaving work and getting into your personal vehicle. If you need to clean your uniforms after transporting a suspected COVID-19 patient while on shift, most stations except for St. 7, 8 and 9 have a washer and dryer. Therefore, communicate with the supervisor on shift to plan.
- You need to always keep a second uniform with you at work, and possibly a third.
- If gowns are not available, at least wear the N-95 mask, eyewear and gloves.
- The N-95 mask can be re-worn several times as long as the mask is not saturated.

Dispatch Communications

- Currently, the dispatch call taker will pre-screen callers by asking every patient:
 - Have you traveled by plane or been in contact with anyone that has traveled by plane in the last 14 days?
 - Are you currently running a fever?
 - Have you been coughing?
 - Are you short of breath or having difficulty breathing?
- If there is a yes to any of these questions, dispatch is to relay that information to fire, law enforcement and EMS prior to arrival to the scene.
- Dispatch will also ask the caller to meet EMS outside, if possible, to reduce exposure.

On-Scene

- Anytime you are within 6 feet of the patient, you need to have eye wear, N-95 mask, gowns and gloves donned.
- Limit the number of first responders in contact with the patient. Only use the help that you need to limit the number of people exposed.
- Ask the patient if they have had a cough for the last 3 days.
- If you have surgical masks available place it on the patient before loading them into the ambulance.
- If a surgical mask is NOT available you can use a shirt, 4x4 pads, ABD pad, trauma dressing, etc. Just use something that will catch and absorb water droplets if the patient coughs or sneezes.

Transport

- Notify the ED as soon as you can to let them prepare to place the patient on droplet isolation. Do not mention COVID-19 or coronavirus over the radio, but stress the signs/symptoms of fever, cough and shortness of breath. Also stress that you have taken droplet precautions. This includes Nashville hospitals.
- Open the slide window on the side door in the well.
- Turn on the exhaust fan and leave it on throughout transport.
- Treat the patient as needed and per protocol.
- BLS:
 - If you are picking up a patient from a home or nursing home to take to a doctor's appointment exhibiting signs/symptoms of COVID-19, make sure the doctor's office is made aware prior to transporting.
 - If you are picking up a discharge from the hospital to take back to the nursing home exhibiting signs/symptoms of COVID-19, make sure the nursing home has been contacted and made aware prior to transporting.
- Do not allow family or friends ride in the ambulance to the hospital, unless transporting a small child then the family can ride in the back, only, and secured properly. Any other circumstances need to be approved by the on-duty supervisor.
- First responders are allowed to ride in or drive the ambulance for an extra set of hands, but it is our responsibility to make sure they have on the proper PPE. If PPE is not available, then they should not be in contact with a positive criteria patient or ride in the back.
- Do not allow first responders to get in the cab and drive if they have been in direct contact with the patient, family or friends inside the home.

Arrival to the Hospital

- Open the doors on the ambulance and leave them open to allow the ambulance to ventilate.

Decontamination

- Spray the disinfectant (bleach or aerosol disinfectant sprays) on the surfaces of the cot, walls and anything that the patient may have touched. Allow the disinfectant to sit for at least 5-10 minutes, then thoroughly wipe down the areas sprayed.
- Wipe down bench seats and walls, including anything that the provider may have touched while taking care of the patient.
- The UV light can be used in spread out encounters, but the more encounters that develop the less opportunity the UV light can be used since there is only one light to serve the entire service.
- Make sure the ambulance is well decontaminated to prevent the spread to other patients.

Reporting

- If you transport a patient suspected of COVID-19, contact the on-duty supervisor immediately and email the ECO officer with the run number.