**Barre City Fire Department**

**Response to COVID-19**

**EMS Response Expectations**

Updated: March 16, 2020

**Purpose:**

This document is a guideline for the expected reaction and precautionary actions to be

taken in the event our agency being called to assist a member of the public who is exhibiting signs/symptoms consistent with COVID-19. Please keep in mind that these guidelines are fluid and subject to change as we receive updates from the Federal and State governments on current best practices.

**Activation:**

Our dispatch center has been instructed to dispatch all suspected COVID-19 cases by

their symptoms, as they would the common influenza strain, and instruct crews to contact

dispatch via phone for further detail. It is understood and expected that this might delay the response to the call, but prioritizing provider safety is an acceptable delay.

**Recognition:**

Patients presenting with cough, sore throat, fever, runny nose, and difficulty breathing in severe cases. During screening there should also be an inquiry into the patients contact with persons confirmed, suspected, or under observation for COVID-19. This should include asking about recent travel and exposure to persons who have recently traveled. Current period of transmission concern is fourteen (14) days from time of exposure.

**Procedure for EMS:**

1. Don proper PPE upon dispatch of suspected COVID-19 case *or* don PPE when it

becomes apparent you might be presented with a COVID-19 case.

2. Have **one** provider make contact with the effected patient keeping a six (6) foot distance

from the patient for the initial interview, circumstances might necessitate more aggressive treatment (cardiac arrest, impending respiratory failure, etc.). Ensure the patient is supplied with a surgical mask to wear.

3. If the suspected COVID-19 patient is in no **acute** need for medical intervention; exhaust

all possible options for having the patient find their own means of transport to the hospital. This is to be performed in conjunction with online medical control.

a. Contact medical control and advise them of a COVID-19 potential case

b. Advise the staff that the patient will be traveling by private vehicle to their

facility

c. Provide the hospital with the make, model, and license plate number of the

vehicle the patient is traveling in with their demographic information.

d. Instruct the patient to park outside the emergency room in the parking lot and

contact the emergency department staff directly on their phone number (provide on scene). And have the patient understand that they are to proceed under the strict instruction of the hospital staff to limit exposure

4. If transport is necessary; limit the providers in direct contact with the patient. When initiating transport, the driver must doff all protective equipment into a biohazard bag with the exception of the N95 and eye protection.

5. Exhaust fan should be turned on for the entirety of the transport. The passthrough

window must be sealed shut to divide the clean cab environment from the patient care area. Ensure that vehicle ventilation is set to ‘non-recirculated’ mode to encourage more fresh air exchanges.

6. We will **not** be transporting passengers with any COVID-19 cases. The hospital does not

have the staffing or logistic capability to handle these extra persons. If it found necessary and approved by medical control (pediatric or disabled persons), place mask on the passenger and secure them in the ambulance box to keep the cab un-exposed.

7. When arriving at the hospital, attempt to have the hospital staff member guiding you in

assist in bringing the patient in on the cot. This is to assist on saving the driver in having to don a clean PPE set-up. If the staff are unable or not gowned appropriately; the driver must put a fresh PPE set-up on to assist the attendant.

8. Dispose of all PPE properly and ensure to leave the ambulance doors open to circulate

air through prior to decontaminating. After patient turn-over, cleaning of the cot and medical equipment, and preforming ePCR documentation, staff can disinfect the ambulance wearing full PPE and a cleaner appropriate for neutralizing COVID-19.

**Aerosolized Medications and Procedures:**

Dr. Blum has directed us to avoid the use of any nebulized medication treatments. Only

consideration being a severe COPD patient, and even then, only if it is absolutely necessary.

CDC cautions against any use of nebulizer treatments and advanced airway procedures. This is due to these procedures great effect in generating a large amount of pressurized air droplets that cause mass contamination. It will be our policy to only use these procedures (CPAP, intubation, suctioning, etc.) when absolutely **necessary**. Contact medical control for advice on any of these procedures or medication administrations.

If nebulizers are needed; consider in-line CPAP to better contain the droplet effect. Also

if possible; open the doors the ambulance, turn on the exhaust fan, and limit the providers present.

**PPE Requirements:**

• Tyvek Suite (until gowns can be obtained)

• N95 respirator

• Gloves (doubled up)

• Eye protection (preferably goggles when available)

**Hygiene and Cleaning**

All staff must practice good hygiene, to include; hand washing for more than 20 seconds,

the use of hand disinfectant, proper donning and doffing procedures for PPE, and cleanliness of station wear.

Cleaning the ambulance post call should encompass the following: Open the doors after removing the patient from the ambulance. Preform your transfer of care and disinfecting of equipment necessary to have been brought into the hospital (monitor, CPAP, etc.). At this point preform your ePCR documentation at the provided computers at the hospital, this allows for ample air exchanges to take place prior to disinfecting the ambulance. Disinfect the ambulance using approved cleaners provided by the hospital after donning fresh PPE to perform the task. Must wear full COVID-19 PPE for ambulance disinfecting.

**Required Shift Reading:**

Shifts must take time to review the most up-to-date copy of the CDC “Interim Guidance for EMS Systems and 911 PSAPs for COVID-19 in the US”. This includes any other state provided documents to further understand how our local region is handling this pandemic and the state of supply’s.

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