COVID-19 Infectious Control Standard Operating Procedure

Purpose

To provide guidance on EMT and Paramedic response to a patient presenting with a potential or confirmed case of novel coronavirus (COVID-19)

COVID-19 Background

An outbreak of a respiratory disease caused by a novel (new) coronavirus was first detected in Wuhan City, Hubei Province, China in late 2019 and has now been declared a pandemic. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Coronaviruses are common throughout the world and typically cause mild to moderate illness. COVID-19 is a member of this family, which includes SARS-CoV and MERS-CoV and can lead to severe illness. Current CDC understanding about how the virus that causes coronavirus disease 2019 (COVID-19) spreads is largely based on what is known about similar coronaviruses. COVID-19 is a new disease and there is more to learn about how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

COVID-19 Transmission

Person-to-person spread

The virus is thought to spread mainly from person-to-person. Transmission can occur between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or can possibly be inhaled into the lungs.

Spread from contact with infected surfaces or objects

It may be possible that a person can contract COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

COVID-19 is believed to have an incubation period of 2 to 14 days. Known and suspected symptoms include fever, difficulty breathing, cough and potentially other mild to severe respiratory symptoms including severe pneumonia. Available treatment is currently limited to supportive care

EMTs and Paramedics should obtain a detailed travel history for all patients being evaluated with fever and acute respiratory illness.

PPE Guidelines COVID-19

PATIENT
Surgical Mask.
EMS Provider
Gloves, Gown, N95 respirator, eye protection

PPE equipment is stored in the following places in the ambulance:

ALS vehicles - Bin 17 and 18
BLS vehicles - Bin 7

EMS Management and Transport Considerations

It is critical to note that using universal precautions on every patient encounter is the key to minimizing risk of exposure to pathogens and viruses. Taking simple steps can minimize your risk.

Routine exposure control precautions will offer protection to all first responders. EMS clinicians are advised to maintain a high index of suspicion in patients who present with fever respiratory symptoms, a sore throat or travel history to infected areas.

1. If the patient exhibits symptoms of an acute febrile lower respiratory infection (fever, shortness of breath/difficulty breathing, cough):

    a. Place a surgical mask on the patient AND obtain a detailed history of close contact with someone under investigation for COVID-19.

2. If there is a history consistent with concern for potential COVID-19, initiate standard contact and airborne precautions (gloves, gown, N95 respirator) and eye protection.

3. Notify the receiving hospital as soon as possible to allow for emergency department preparation.

4. Use caution with aerosol generating procedures. If patient requires supplemental oxygen, consider a nasal cannula under the patient's surgical mask

5. Properly doff and dispose of PPE.

Ambulance Preparation

Isolate the driver and patient compartments by closing the pass-through door/window between these compartments BEFORE bringing the patient in the ambulance.

- During transport, the ventilation in both the driver and patient compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
- Turn patient compartment exhaust fan to HIGH, to draw air away from the cab, toward the patient-care area, and out of the ambulance.
- Family members and other contacts of patients with possible COVID-19 should not ride in the transporting ambulance, if possible. If riding in the ambulance, they should wear a facemask.

Post Transport

After transporting the patient, leave the rear doors of the ambulance open to allow for sufficient air changes to remove potentially infectious particles.

When cleaning the ambulance wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during are anticipated during cleaning.

No specialized cleaning is required. EMTs/Paramedics should use standard post transport disinfection procedures. A viricidal cleaning solution or other EPA -registered hospital grade disinfectants that have viricidal capabilities should be utilized.

All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, stair chair, medical equipment control panels, floors, walls, work surfaces etc) should be thoroughly cleaned and disinfected. Linen should be disposed of at the receiving facility.

The transporting ambulance crew will contact the on duty Shift Commander for documentation and follow-up.

Fallon AMBULANCE SERVICE

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Operational Awareness/Next Steps

COVID-19 is an emerging disease and there is more to learn about its transmissibility, severity, and other features and what will happen in the United States. Fallon Ambulance and LifeLine Ambulance Services will continue to monitor and provide additional EMS guidance and information as it becomes available.

Some immediate preparedness steps have been completed by the Fallon Operations Team:
1. An inventory of all PPE has been completed (N95, Simple Face Masks, and Goggles).
2. An order to bolster some common PPE items was placed to build the level of N95 masks in inventory.
3. Operations Staff will be monitoring the latest news each day distributed by the CDC and the MA Department of Public Health.

Finally it is important to use good hand hygiene when treating a patient with any virus such as Influenza or COVID-19 and should include at a minimum:

- Proper hand washing techniques with soap and water;
- Using alcohol-based hand sanitizer when soap and water are not available;
- Practice universal precautions (gloves etc.);
- Avoid touching your nose, mouth or eyes after contacting a patient.