

Note to folks reviewing this presentation later:

At this point in the webinar, we switched over to the Snohomish County / South County Fire COVID-19 Procedure Manual (Playbook) PowerPoint document, and Dr. Campbell walked us through it. That version is available, but **the most recently updated version will be at:**

www.firstwatch.net/hi/snoco

COVID-19 Best Practices

- Station/Crew Protective Measures
- Crew Safety

Response

- Department PPE Checklist
- Aerosol Safety
- O₂ – Airway Mgt.
- Transportation
- Notify Hospital

Decontamination

- Crew Decon Checklist: Transport Unit
- Crew Decon Checklist: Non-transport Unit
- Transport Unit Decon Guidelines

PPE Preservation

- PPE Conservation
- UV-C N-95 Mask Disinfection

Station Safety & Sick Personnel

- Workflow
- BC Algorithm
- 14-Day Symptom Tracking
- Daily Shift Tracking

Checklists



COVID-19 PROCEDURE MANUAL

WORK PERIOD April 22- May 6, 2020

APRIL/MAY						
SU	M	T	W	TH	F	SA
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

This guideline is dynamic and might change daily.
It does NOT cover every situation.

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Fire Station & Crew Protective Measures

Purpose

1. Proactively prevent possible spread of the virus within our organization
2. Maintain, reduce exposure risk, and protect the SCF workforce so we can continue to protect and serve the public
3. Protect fire stations from contamination and possible subsequent quarantine
4. Protect vulnerable and high-risk patient population within our community and response area

Actions

1. Restrict ALL visitor access, including citizens and family members. Post signage on entry doors (as provided).
2. Restrict fire station access for anyone (employees and citizens) showing signs of fever or respiratory illness.
3. Limit fire station access to a single entry point (as feasible).
4. When entering fire station, perform:
 - hand hygiene with alcohol-based cleaner
 - boot decontamination with disinfectant (CaviCide Spray or wipes)
5. Institute proactive employee self-assessment and monitoring for ALL employees
 - At start of shift and minimum **2** times throughout shift day:
 - Complete “Employee Daily Shift Monitoring Tracker” (see last page; next box below lists symptoms to be monitored and actions)
6. Complete daily station cleaning and decontamination as posted in Operative IQ daily tasks.

Employee Self-Assessment and Symptoms Monitored

At start of shift and minimum 2 times during shift day, do you have:

- Fever (>100.0° F)
- Signs of respiratory illness (sore throat, congestion, etc.)
- Cough
- Shortness of breath/difficulty breathing
- Unexplained fatigue or myalgias
 - If **“YES” to ANY** symptoms, IMMEDIATELY notify your station Captain or Battalion Chief
 - If **“NO” to ALL** symptoms, continue self-monitoring throughout shift

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Fire Station Strategies for Crew Safety

Virus Transmissibility

Evidence shows transmission of COVID-19 is possible through:

1. Talking/normal breathing (not just coughing, sneezing, droplet contact)
AND
2. By infected people who are showing mild to no symptoms

Strategies To Limit Stealth COVID-19 Transmission in On-Duty Crews

1. **Wear surgical masks** whenever in station common areas:
 - Use same mask until soiled or compromised
 - Wearing a mask is primarily to protect your crew
 - We have adequate supply of surgical masks for on-duty crews
2. **Wash hands** thoroughly and often
3. **Practice good social distancing** whenever in station common areas
4. **Ensure ventilation** (BUT Please keep station security in mind):
 - Open doors and windows when in common areas
 - Open dorm windows at night and/or before shift exchange
5. **Complete daily station cleaning and decontamination** as posted in Operative IQ daily tasks and throughout the day

Station Activities

1. **Kitchen and Mealtime:**
 - Limit trips to grocery store – wear surgical masks if you go
 - Consider suspending group meals
 - If you must eat family-style:
 - Ensure everyone is washing hands
 - Get your own plate and utensils
 - Clean early and clean often – true for whole station, especially common areas
2. **Workouts:**
 - Limit number of people working out at one time
 - Clean any equipment you use EVERY time
 - Open windows while working out – turn on fans, if available
 - Be mindful of station security – close windows when done
3. **Station Shoes and Duty Boots:**
 - Consider using station shoes
 - Consider keeping duty boots in the apparatus bay

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Level III / High Level PPE



- N-95 Mask
- Goggles/Face Shield
- Gown
- Gloves
- Shoe covers optional

PPE
ON

Donning Sequence: **M E G G**

1. **M**ask
2. **E**yes (Goggles/Face Shield)
3. **G**own
4. **G**loves

PPE
OFF

Doffing Sequence (reverse donning): **G G E M**

1. **G**loves
2. **G**own
3. **E**yes (Goggles/Face Shield)
4. **M**ask

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Checklist: COVID-19 Response

ALL EMS Calls: High Precaution – Level III

1. **Wear PPE: N-95, goggles/face shield, gown, gloves**
2. **Surgical mask on ALL patients**
3. **Treatment Precaution & PPE Preservation** (use following & best judgment):
 - Door triage every patient (minimum **6 ft separation**)
 - Patient walks to front door, if appropriate
 - Limit number of crew in contact with patient
 - Second-in crews: only dress number providers needed to treat patient
 - NO ORAL TEMPERATURES
 - If possible aerosol (eg. intubation, BVM, suctioning, iGel, CPAP, nebulized medications, non-rebreather with no patient mask): see below “Precautions for Aerosol Generating Procedures”
4. **Standards of Care have NOT changed:**
 - Protocols & expectations for patient assessment, treatment & transport are still in effect

Aerosol Generating Procedures Precautions

If patient condition **REQUIRES** invasive airway intervention:

- BVMs should be equipped with HEPA filters
- FOLLOW STANDARD AIRWAY PROTOCOLS for patients needing advanced airway
 - Evidence shows our standard protocols safest for providers
- DO **NOT** USE VENTILATORS
- Use CPAP and nebulized meds as last resort.
 - Consider other appropriate treatments first.
- Maximize area ventilation: open doors/windows, use exhaust fans
- Contact Medical Control for guidance, as needed
- See decon checklists for specialized steps after aerosol procedures

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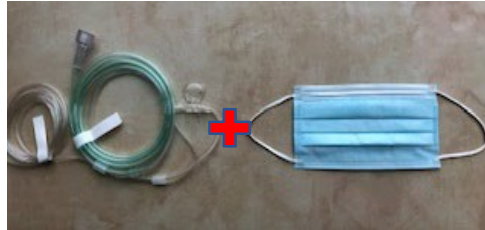
Daily Shift Tracking

Oxygen or Advanced Airway Management

Illustrations are examples only. Specific equipment may vary by agency.

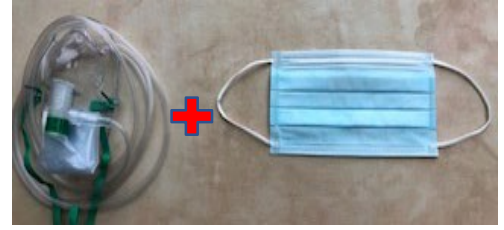
Nasal Canula

1. Place nasal cannula
2. Place surgical mask over the face
3. Titrate oxygen flow rate: 2-6 LPM



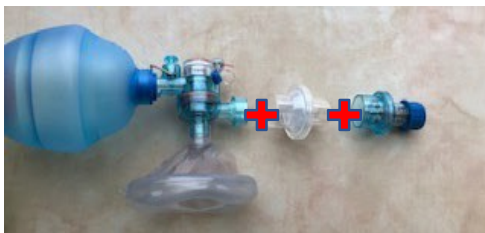
Non-Rebreather

1. Place non-rebreather mask
2. Place surgical mask over the face on top of NRB mask
3. Titrate oxygen flow rate: 6-15 LPM



BVM

1. Place HEPA filter on exhalation port
2. Ensure & maintain mask seal
3. Titrate oxygen flow rate to patient need



Endotracheal Tube or I-gel

1. Place HEPA filter on exhalation port
2. Place EtCO₂
3. Ensure I-gel is seated appropriately



Transporting Instructions

1. **Isolate ambulance driver** from patient compartment
2. **Driver:** remove gloves, gown, & goggles/face shield; keep mask ON
3. **Minimize number of providers in back of unit**
4. **Do NOT transport family members of any patient except parents/guardians, POA, special needs**
 Note: Per CDC, hospitals not accepting any visitors – some possible exceptions for end of life situations
5. **Ventilation:**
 - Use MAXIMUM with transport of any suspected COVID-19 patient
 - Back of rig: use exhaust fans and open windows to create airflow
 - Driver area: open outside air vents and turn fans to highest setting

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EMS: COVID-19 Hospital Notification Checklist

Symptoms?

Check if patient has had any following symptoms of acute respiratory infection:

- Fever (or subjective fever)
- New cough
- New shortness of breath (without alternative diagnosis)
- New onset myalgias (soreness/achiness in muscles)

Exposure?

Check if any of following is true for the patient in the last 14 days:

- Close contact with/part of a COVID-19 illness cluster in facility or group
- Close contact with a suspected or lab-confirmed COVID-19 case
- Healthcare worker or in a COVID-19 high-risk occupation (EMS, firefighter, public safety)

- If **YES to BOTH** questions above, advise hospital of a **HIGH risk isolation patient**, jump to blue box below
- If **NOT**, proceed to next (yellow) box

Symptoms

Check if patient has any of the following symptoms:

- Cough
- Runny nose
- Sore throat

- If **ANYTHING** has been checked in this box, advise hospital of a **MEDIUM risk isolation patient**, jump to blue box below
- If **NOTHING** has been checked in this box, advise hospital of a **LOW risk isolation patient**, proceed to blue box

At Hospital:

- **Driver:** register patient, coordinate with staff
- Alert hospital to patients with aerosol generating procedures
- **Provider:** Doors and windows open for ventilation
- Consider keeping patient in rig until ready for transfer

Crew DECON Checklist – Transport Unit

General Principles:

- Conduct daily deep cleaning of stations and apparatus throughout the shift, as appropriate
- CONDUCT ALL PRIMARY DECON BEFORE ENTERING STATION. DO **NOT** CONTAMINATE STATION
- Transport unit crews will perform decon at **HOSPITAL**

Actions if **Aerosol Generating Procedures Performed** on Suspected or Known COVID-19 Patient

AFTER PATIENT TRANSFER (but still at hospital):

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Allow patient compartment to air out with doors and windows open for 20 minutes
4. Deep clean apparatus while wearing PPE (see “Transport Unit DECON CDC Guidelines”)
5. Decon boots with spray **CaviCide1**
6. Decon goggles and wash with soap and water
7. Outside rig or in hospital decon room: doff & bag uniforms, don Tyvek suit
8. Place bagged uniforms in exterior rig compartment
9. Return to station
10. Launder uniforms worn with PPE (**Hot water & hot drying**)
11. Shower and don fresh uniforms

Actions if **NO Aerosol Generating Procedures Performed**

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Deep clean apparatus (see “Transport Unit DECON CDC Guidelines”)
4. Decon goggles, then wash with soap and water
5. Launder uniforms as appropriate per agency infection control guidelines

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Crew DECON Checklist – Non-Transport Unit

General Principles:

- Conduct daily deep cleaning of stations and apparatus throughout the shift, as appropriate
- CONDUCT ALL PRIMARY DECON BEFORE ENTERING STATION. DO **NOT** CONTAMINATE STATION
- Non-transport unit crews will perform decon on **SCENE**, if possible (see below)

Actions if Aerosol Generating Procedures Performed on Suspected or Known COVID-19 Patient

AT SCENE (If unable to DECON at scene, complete #1-4 on ramp NOT INSIDE THE BAY and Decon inside of rig wearing PPE):

1. Doff and bag all PPE
2. Decon boots with spray **CaviCide1**
3. Decon goggles and wash with soap and water
4. Doff and bag uniforms
5. Don Tyvek suit
6. Place bagged uniforms in exterior rig compartment
7. Return to station
8. Launder contaminated uniforms wearing PPE. (**Hot water & hot drying**)
9. Shower and don fresh uniform

Actions if NO Aerosol Generating Procedures Performed**AT SCENE**

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Decon goggles, then wash with soap and water
4. Launder uniforms as appropriate per agency infection control guidelines

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Transport Unit DECON CDC Guidelines

Actions: Cleaning EMS Transport Unit after Transporting a Patient with Suspected/Confirmed COVID-19

1. Keep all doors open while delivering patient to allow maximum ventilation in patient compartment
2. Wear PPE gown and gloves for rig decon. Also wear goggles and face shield or facemask, if splash or spray anticipated
3. Pre-clean to remove gross contaminants prior to disinfection
4. Use routine cleaning and disinfection procedures (e.g. use cleaners and water to pre-clean surfaces prior to applying disinfectant)
5. Follow directions on CaviCide1 bottle for thorough disinfection
6. Clean and disinfect all surfaces that patient may have contacted and all surfaces that may have been contaminated by aerosol generation
7. Clean and disinfect all reusable patient-care equipment before use on another patient
 - **Primarily use CaviCide1 spray and allow a dwell time of 1-2 minutes**
 - **CaviWipes1 are for items that are difficult to clean with a liquid, e.g., EKG leads**

Background Information:

- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 (COVID-19)
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on EPA website
- **“CaviCide1 has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions on hard, non-porous surfaces.”**

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PPE Conservation

Purpose

To continue to deliver the highest standard of care to our patients while also conserving limited PPE inventory and continuing to eliminate risk of exposure to EMS providers.

PPE Supply Conservation Practices

- **USE PPE SUPPLY CONSERVATION PRACTICES ON ALL EMS CALLS**
- NO non-essential personnel in hot zone
- ONE crew member with current department level PPE conducts initial doorway triage
- Additional crew members, also with current department level PPE on stand-by outside of hot zone
- Use minimum number of providers to safely treat and move patient
- Additional personnel/back-up crews stand-by with PPE ready but not donned
- Mobilize additional personnel with current department level PPE based on circumstances and need

PPE Re-use Practices

N-95 Respirator Masks

- N-95 Masks will be discarded after any of the below:
 - Mask obviously contaminated
 - Provider within 6 feet of patient during **any aerosol-generating procedure**
 - after 48 hours of reuse on shift
 - after 5 total UV-C decontamination cycles
 - when fit/mask seal is compromised due to reuse
- N-95 Masks shall be re-used after either of the below:
 - Provider was never within 6 feet of patient (can re-use right away)
 - UV-C decon when provider had patient contact but **NO aerosol generating procedures** performed

Gowns

- Shall be reused until there is risk of contamination or show signs or wear
 - This includes gowns worn by stand-by personnel who did not have close contact with patient

Goggles and Face Shields

- Shall be reused after following recommended cleaning and decontamination

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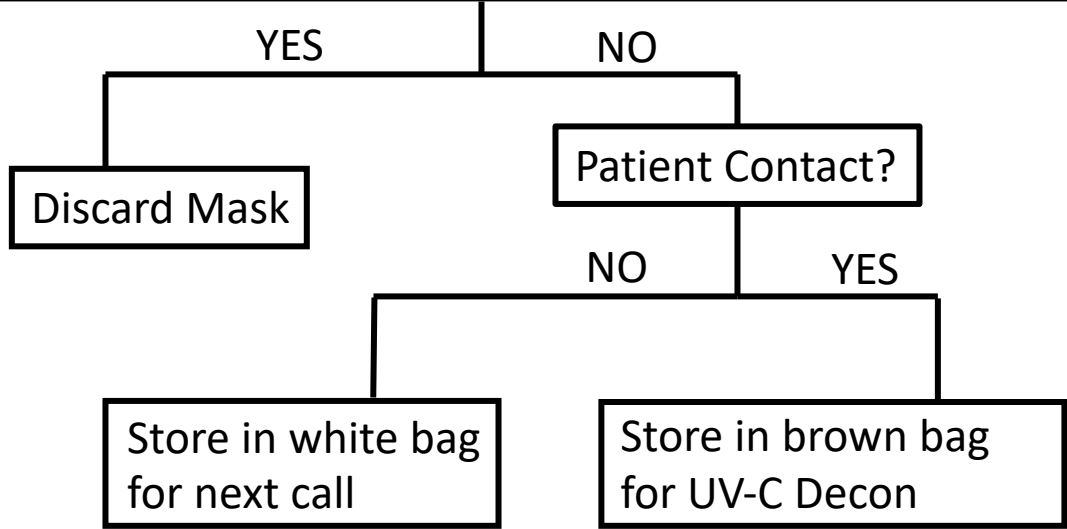
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UV-C Decontamination of N-95 Masks

(Using 3B Medical LUMIN®)

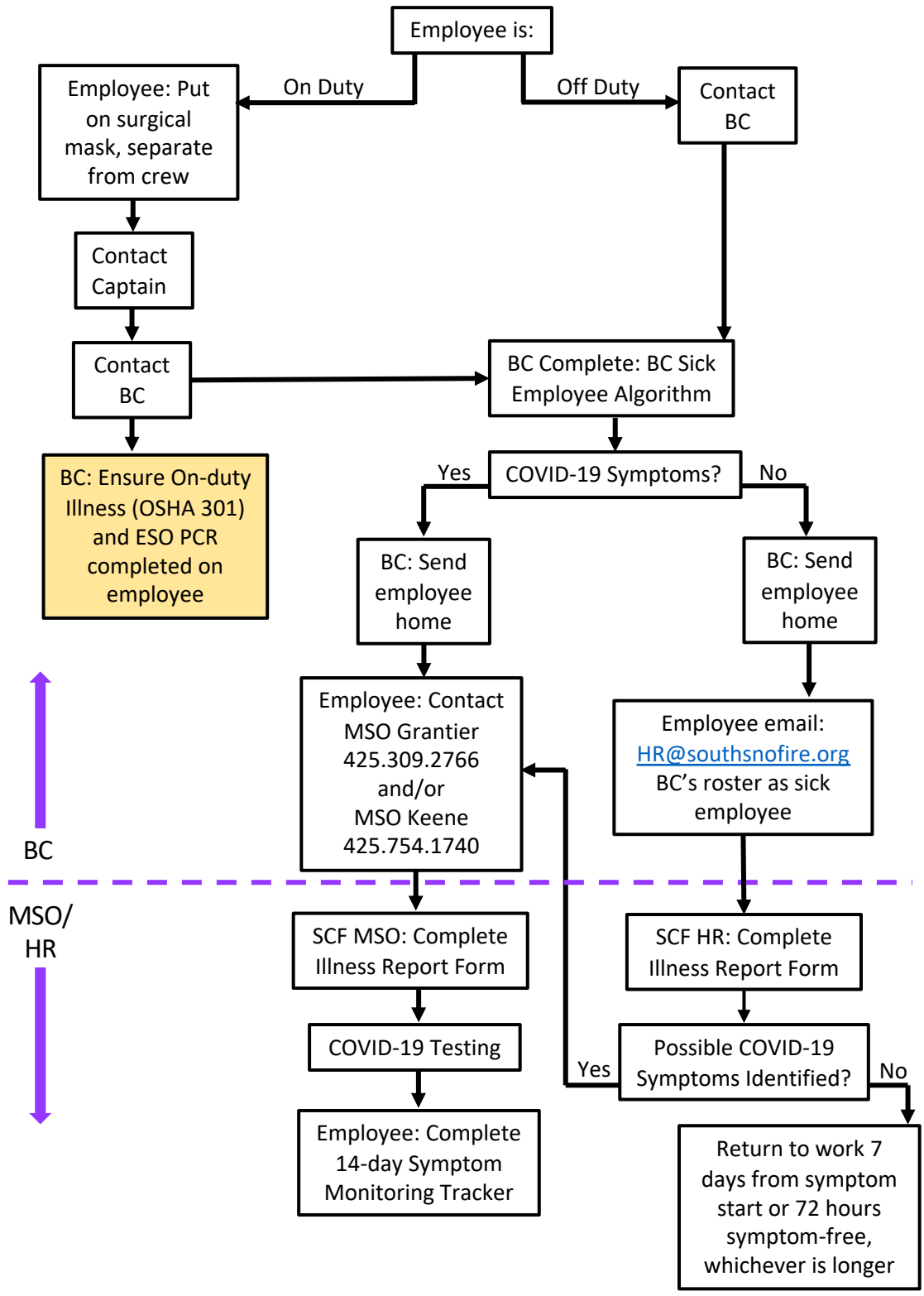
- Evaluate Mask:**
- Obviously contaminated?
 - Patient care (<6 feet) during **Aerosol Generating Procedure**?
 - Greater than 48 hours of re-use on shift?
 - 5 total UV-C decontamination cycles?
 - Fit/mask seal compromised?



- UV-C Decontamination Procedure**
- Used mask should be placed in a brown paper bag after call
 - Use hand hygiene before and after removing items from the LUMIN UV-C to avoid cross contamination
 - Wear clean pair of gloves to handle mask
 - Follow manufacturer’s directions for use:
 - Place item inside drawer on platform and close
 - Push button to start 5-minute cycle
 - Green light will appear and LUMIN® will beep when decontamination cycle is complete
 - With clean hands, remove and inspect item
 - Ensure no obvious degradation of material and store mask
 - Place in white paper bag and keep with bunker gear
 - Clean the exterior of the LUMIN® UV-C with CaviWipes1 after each use
 - Track decontamination cycles on outside of mask with Sharpie
 - Discard mask after 5 cycles of decontamination

BC: Sick Employee Workflow

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When any employee reports sick (On or Off duty), check the following:

Employee has:

Y N

Fever

if “Yes”, what is it: _____

Any sign of respiratory illness (soar throat, congestion, etc.)

Cough

Shortness of breath/difficulty breathing

Fatigue or body aches

Recent contact with known COVID-19 positive person without wearing **FULL** PPE

If “Yes”, check who:

_____ a patient

_____ a family member, friend, co-worker, and/or other

If YES to ANY of the above:

- Roster as: “Off, Sick-Pending” for next 7 days
 - Give employee **BOTH** following numbers and direct them to call:
 - MSO Grantier: 425.309.2766 or
 - MSO Keene: 425.754.1740
- Employee **MUST** talk to one of the MSOs

If NO to ALL of the above:

- Roster as: “Sick-Employee”
- Email: hr@southsnofire.org with:
 - Employee name
 - Date of sick call

14-Day Symptom Monitoring: Employee Exposure

14 Day Symptom Monitoring Tracker for Employee Exposure/Potential Exposure

Day # (from last contact)	1		2		3		4		5		6		7	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Date														
AM or PM														
Temperature	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Felt feverish	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Difficulty breathing/shortness of breath	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Vomiting	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Day # (from last contact)	8		9		10		11		12		13		14	
Date														
AM or PM														
Temperature	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Felt feverish	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Difficulty breathing/shortness of breath	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Vomiting	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

*If symptoms of COVID-19 are present, follow "COVID-19 Employee Exposure Guidance" Form and notify MSO/DICO for SARS-COV-2 testing.

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Daily Shift Monitoring

Employee Daily Shift Monitoring Tracker

Date	AM		PM		AM		PM		AM		PM		AM		PM		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
Temperature	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Felt feverish	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Difficulty breathing/shortness of breath	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Vomiting	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Date	AM		PM		AM		PM		AM		PM		AM		PM		
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Felt feverish	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Cough	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Sore Throat	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Difficulty breathing/shortness of breath	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Muscle aches/headache	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Abdominal discomfort	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Vomiting	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	
Diarrhea	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	

*If symptoms of COVID-19 are present, follow "COVID-19 Employee Exposure Guidance" Form and notify MSO/DICO for SARS-COV-2 testing.

COVID-19 Best Practices

Station/Crew Protective Measures

Crew Safety

Response

Department PPE Checklist

Aerosol Safety

O₂ – Airway Mgt.

Transportation

Notify Hospital

Decontamination

Crew Decon Checklist: Transport Unit

Crew Decon Checklist: Non-transport Unit

Transport Unit Decon Checklist

PPE Preservation

PPE Conservation

UV-C N-95 Mask Disinfection

Station Safety & Sick Personnel

Workflow

BC Algorithm

14-Day Symptom Tracking

Daily Shift Tracking

Transport Unit Crew Checklist

Basic Requirements:

- Wear N-95, goggles, gown, gloves for all providers involved in patient care
 - Including MVCs, other trauma
- Surgical mask on ALL patients

ON SCENE Actions:

- Minimize number of crew in contact with patient
- Initial doorway triage: **6 ft. separation**
 - ALL STANDARDS OF CARE STILL IN EFFECT
- Have patient walk to front door, if appropriate
- NO ORAL TEMPS
- Transport with maximum ventilation
- **Driver:** remove gloves, gown, & goggles; clean hands before entering cab; only wear N-95 while transporting

DECON Actions **if Aerosol Generating Procedures Performed** on Suspected or Known COVID-19 Patient

AFTER PATIENT TRANSFER (but still at hospital):

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Allow patient compartment to air out with doors and windows open for 20 minutes
4. Deep clean apparatus while wearing PPE (see "Transport Unit DECON CDC Guidelines")
5. Decon boots with spray **CaviCide1**
6. Decon goggles and wash with soap and water
7. Outside rig or in hospital decon room: doff & bag uniforms, don Tyvek suit
8. Place bagged uniforms in exterior rig compartment
9. Return to station
10. Launder uniforms worn with PPE (**Hot water & hot drying**)
11. Shower and don fresh uniforms

DECON Actions **if NO Aerosol Generating Procedures Performed**

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Deep clean apparatus (see "Transport Unit DECON CDC Guidelines")
4. Decon goggles, then wash with soap and water
5. Launder uniforms as appropriate per agency infection control guidelines

EMS: COVID-19 Hospital Notification Checklist

Symptoms?

Check if patient has had any following symptoms of acute respiratory infection:

- Fever (or subjective fever)
- New cough
- New shortness of breath (without alternative diagnosis)
- New onset myalgias (soreness/achiness in muscles)

Exposure?

Check if any of following is true for the patient in the last 14 days:

- Close contact with/part of a COVID-19 illness cluster in facility or group
- Close contact with a suspected or lab-confirmed COVID-19 case
- Healthcare worker or in a COVID-19 high-risk occupation (EMS, firefighter, public safety)

- If **YES to BOTH** questions above, advise hospital of a **HIGH risk isolation patient**, jump to blue box below
- If **NOTHING** has been checked above, proceed to next (yellow) box

Symptoms

Check if patient has any of the following symptoms:

- Cough
- Runny nose
- Sore throat

- If **ANYTHING** has been checked in this box, advise hospital of a **MEDIUM risk isolation patient**, jump to blue box below
- If **NOTHING** has been checked in this box, advise hospital of a **LOW risk isolation patient**, proceed to next (blue) box

At Hospital:

- **Driver:** register patient, coordinate with staff
- Alert hospital to patients with aerosol generating procedures
- **Provider:** Doors and windows open for ventilation
- Consider keeping patient in rig until ready for transfer

Non-Transport Crew Checklist

Basic Requirements:

- Wear N-95, goggles, gown, gloves for all providers involved in patient care
 - Including MVCs, other trauma
- Surgical mask on ALL patients

ON SCENE Actions:

- Minimize number of crew in contact with patient
- Initial doorway triage: **6 ft. separation**
 - ALL STANDARDS OF CARE STILL IN EFFECT
- Have patient walk to front door, if appropriate
- NO ORAL TEMPS
- Transport with maximum ventilation
- **Driver:** remove gloves, gown, & goggles; clean hands before entering cab; only wear N-95 while transporting

DECON Actions if **Aerosol Generating Procedures Performed** on Suspected or Known COVID-19 Patient

AT SCENE (If unable to DECON at scene, complete #1-4 on ramp NOT INSIDE THE BAY and Decon inside of rig wearing PPE):

1. Doff and bag all PPE
2. Decon boots with spray **CaviCide1**
3. Decon goggles and wash with soap and water
4. Doff and bag uniforms
5. Don Tyvek suit
6. Place bagged uniforms in exterior rig compartment
7. Return to station
8. Launder contaminated uniforms wearing PPE. (**Hot water & hot drying**)
9. Shower and don fresh uniform

DECON Actions if **NO Aerosol Generating Procedures Performed**

AT SCENE

1. Properly dispose of PPE, as per PPE Re-use Practices
2. Wash hands
3. Decon goggles, then wash with soap and water
4. Launder uniforms as appropriate per agency infection control guidelines