



Advisory 20-03: COVID-19 Update

To: All Providers

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Expansion of COVID-19 to include both travel-associated and community spread continues. This Advisory is to summarize important steps and resources available to aid in your response.

Comprehensive EMS guidance is available from the CDC at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>. This information is updated almost daily. Additional New York State guidance is available at <https://www.health.ny.gov/diseases/communicable/coronavirus/providers.htm>.

Here are a few highlights and region-specific considerations:

Clinical Features of COVID-19 include fever and/or signs/symptoms of lower respiratory illness (cough or shortness of breath). These are the same as influenza which still remains widespread in our community.

Because of this, all patients should be assessed from at least 6 feet away for fever, cough, and/or shortness of breath believed to be related to an infectious illness. If any of these are present, the responder should immediately don an N95 mask and eye protection along with exam gloves. If available, don a gown. If clinically appropriate, place a surgical mask on the patient and render care per existing protocols.

Make every attempt to minimize the number of responders making direct patient contact with someone with fever and/or signs of an infectious illness. Dispatch processes are in place to reduce, where possible, the co-response of Law Enforcement or First Response Fire Departments to help minimize exposure and these recommendations may expand as the outbreak continues.

As the number of countries with confirmed cases of COVID-19 increase, it is becoming increasingly less practical to screen 911 calls for specific countries of travel. However, providers should continue to take a travel history in order to risk stratify and communicate this travel history to Emergency Department staff. As of this date, China, Iran, Italy, Japan, and South Korea have ongoing transmission however this list is likely to significantly expand in the coming days which is why symptom recognition, minimizing exposure risk, and wearing appropriate PPE when necessary to render care remains paramount.

Use of alcohol based hand-sanitizer and/or hand washing after every patient interaction remains a critical means of reducing spread and staying healthy.

Decontamination of surfaces after use remains critical. Any product EPA approved for use for emerging viral pathogens or coronavirus is ideal.

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Agency leadership should examine their Continuity of Operations Plan to account for:

- Ensuring adequate supply and availability of personal protective equipment
- Fit-testing of personnel for N95 based upon the mask(s) being used
- Ensuring adequate supply and availability of disinfectants
- Staffing plans that can account for increased absenteeism due to personnel either ill or responsible for caring for others

At this time, active monitoring of response personnel is only indicated for those who have participated in the care of a patient deemed by the Health Department to be a person under investigation or confirmed to have COVID-19. With that said, all public safety personnel should self-monitor and should not report to work if experiencing fever or respiratory symptoms (cough, shortness of breath, sore throat, etc).

Here are a few tips to stay healthy:

- Clean hands frequently with soap and water (wash for at least 20 seconds) or with alcohol-based hand sanitizer
- Avoid touching your eyes, nose, and mouth
- Stay hydrated and get plenty of rest
- Avoid close contact with people who are sick
- If you are sick, stay home
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces

This emerging pathogen and our response continues to change nearly daily. The CDC remains the best source of information. With any questions, please do not hesitate to contact this office.

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