



LIVINGSTON COUNTY
EMERGENCY MEDICAL SERVICES
Office of the EMS Medical Director

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To: All Livingston County Ambulance Transport Agencies & Personnel

From: Aaron Farney, MD *Aaron Farney MD*

Date: **March 19th, 2020 12:00 pm**

Advisory: COVID-19 Summary Guidance for **Transport Agencies**

This advisory summarizes updated guidance and logistical recommendations for Livingston County EMS agencies & personnel with respect to COVID-19. This guidance is drawn from CDC, MLREMS regional advisories, and Monroe County advisories, with Livingston County specifics added. Information on COVID-19 is changing on a daily basis so please look for future updates.

COVID-19 Resources

Monroe-Livingston EMS

<https://mlrems.org/provider/covid-response/>

CDC Coronavirus Disease Website

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CDC Interim Guidance for EMS

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

CDC Interim Guidance for Risk Assessment

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Livingston County Department of Health

<https://www.livingstoncounty.us/1207/COVID-19>

Preventative Measures

Personal care & self-monitoring

- Wash your hands often, before and after every patient encounter – hand sanitizer is appropriate
- Don't touch your face/mucous membranes
- Self-monitor for illness, especially fever, cough, sore throat, body aches, and/or respiratory symptoms
- If you are ill, stay home – do not come to work or respond to an EMS call if sick
 - Stay home until better
 - Reach out to PCP office or occupational health for guidance

Temperature/illness screening at start of shift

- Some agencies may wish to screen for illness or check temperature of oncoming staff

- Temperature > 100.4 degrees is abnormal
- Optional, not mandatory at this time
- Understand limitations – certain thermometers may not be accurate
- <https://www.mlrems.org/GetFile.aspx?fileID=25930>

Social Distancing

- Social distancing is a must to slow down the spread of COVID-19
- Maintain a distance of 6 feet from each other
- Moratorium on handshaking
- No gatherings > 10 or more
- Minimize face-to-face meetings
- Smaller gatherings only if absolutely necessary (i.e. EOC) and space 6' apart
 - Agencies who have not done so should cancel the following:
 - Training
 - Ride-alongs, explorer or other shadow program activities
 - General business or other non-emergency meetings
 - Banquets, awards ceremonies, and similar celebratory gatherings
 - CPR or other community outreach
- No extra riders on ambulances (e.g. interns, students, etc.)
- Avoid congregating at base

Personal Protective Equipment (PPE)

PPE Recommendations – PLEASE READ

- Assess all patients from a distance of 6 feet for fever or respiratory illness
- **Gloves and eye protection** on all patients
 - Wrap-around glasses or goggles preferred
 - Masks with face shields can be used if above not available
 - Except for aerosolizing procedures (need goggles/wrap around eye pro)
- **Surgical mask** for any patient with cough, fever, sore throat, shortness of breath fatigue, malaise, general illness, or anyone else suspected to ill/infectious
- **N95 masks, wrap around eye protection/goggles, gown ONLY for aerosolizing procedures**
 - CPR, airway management, CPAP or BiPAP, nebulizers
 - N95s are in short supply – please use only as outlined above
- Provide any symptomatic patient with a surgical/droplet mask to put on themselves
- Please review attached COVID-19 PPE flowchart (credit Dr. Cushman)

<https://www.mlrems.org/GetFile.aspx?fileID=25919>

PPE Donning/Doffing

- Please review CDC PPE donning & doffing procedure handout

<https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

PPE Disposal

- Glasses/goggles
 - OK to reuse - disinfect between uses
- Masks (surgical or N95)
 - Do not reuse masks after caring for patient with suspected COVID-19
 - OK to wear mask throughout shift/day if:
 - No contact with suspected COVID-19
 - Not wet, dirty, soiled, or ill-fitting

- Reusing masks for low risk contacts helps alleviate the ongoing PPE supply shortage
- When discarding, place in red biohazard bag
- No need to change clothes unless soiled

Where to get PPE

- Immediately place order through your agency vendor (understand many are backordered)
- Check in with your BLSFR(s) to make sure they have adequate PPE on hand
- Notify Livingston County EMS coordinator office immediately of any shortages
 - Know quantity on hand and quantity needed
- Hospitals/Emergency Departments will not resupply PPE

N95 fit testing

- All public safety personnel should be fit tested to the specific N-95 you carry within the past 12 months or sooner if weight change/facial structure change
- Be aware that beards prevent N95's from being effective
- **Anyone who is not fit tested should be not be engaging in patient care for any patient undergoing aerosolizing procedures (CPR, airway management, CPAP/BiPAP, nebs)**
- Contacting Livingston County EMS office ASAP if unable to conduct fit testing at your agency

PPE inventory/security/utilization

- Agencies should inventory & secure all PPE
- PPE utilization should be in strict accordance with CDC, regional and county guidance
- Excessive PPE utilization will rapidly deplete tenuous supplies

911 Center, Dispatch, Response, & Law Enforcement

Premise warnings

- Continue to be utilized for locations under quarantine or isolation in coordination with Livingston County Health Department
 - Quarantine is for contact/exposure, risk factors, or testing in progress
 - Isolation is for confirmed disease
- If responding to locations with these premise warnings, practice PPE guidance as outlined above: assess from 6' away, done gloves, mask, eye pro
 - give patient a mask to wear, regardless of symptoms
- Nature of premise warnings may change if volume becomes overwhelming
- See Livingston County Premise Warning FAQ handout for further information

36 pandemic card activated

- *What is this?*
 - 911 calls for general illness (26 card), shortness of breath (6 card), chest pain (10 card), headache (18 card) that screen positive for infectious symptoms are being shunted to the 36 card and coded as such
 - 36 card jobs are either Priority 2 (ALS ambulance) or Priority 4 (BLS ambulance)
 - No first responders are dispatched to 36 card incidents
 - Will likely be 1/3 to 1/2 of all EMS calls
 - Use of the 36 Card (Pandemic Influenza) helps to limit the number of personnel being dispatched to patients self-identifying with flu-like symptoms.
- *Will all COVID-19 patients be coded under the 36 card?*
 - No. Understand that EMD coding is never perfect as it is highly dependent on the information the caller provides. Although we are making use of the 36 card to minimize the

number of responders and resources to these requests for service, it remains critical that ALL patients are screened from >6 feet for fever or respiratory symptoms. Any call, regardless of coding, could potentially have patients with symptoms warranting proper PPE.

Fire Department/BLSFR response to EMS incidents

- BLSFR agencies are not being sent to the following jobs, regardless of priority:
 - 26 card (general illness/sickness)
 - 36 card (pandemic/flu)
- *If I am on scene and need help, can I still request Fire?*
 - Yes – please state reason (i.e. CPR in progress, lifting help needed, etc.)
 - Ensure responding BLSFR personnel have appropriate PPE prior to patient contact
 - Minimum number necessary to do the job – PPE is in short supply

Law enforcement response to EMS incidents

- Law enforcement response to EMS incidents is being restricted to very high acuity (i.e. echo level determinants) or safety concerns
- *If I am on scene and need law enforcement, can I still request them?*
 - Absolutely – please state reason (i.e. dangerous patient, etc.)
 - Ensure responding LE personnel have appropriate PPE prior to patient contact

Patient Assessment & Care

What's new/different

- Assess from safe distance of 6 feet
- Don indicated PPE as outlined above for all patients
- Minimal number of people necessary
- Limit duration of exposure – move the incident along at a safe but active pace
- Limit unnecessary aerosolization procedures
 - i.e. trial nebs if stable

What has not changed

- Care standards – we are still doing the same care otherwise
- Continue to follow your Collaborative Protocols
- Your compassion, professionalism, and expertise remains vital

Transport Considerations

Family members & riders

- All area hospitals have enacted zero visitor policies
 - Two exceptions: one person for pediatrics & active labor only
- No family members or other riders should be allowed to ride along in ambulance with exception of one parent for pediatrics (if necessary)
 - Any rider should don a surgical mask

Driver Compartment

- Agencies should make every effort to separate cab from rear passenger compartment
- Improvise with any available materials ASAP to close off your driver compartment
 - Makeshift taped plastic barrier, etc.
- If unable to isolate from passenger compartment
 - Driver must keep mask on
 - Remove/change gloves prior to entering driver compartment

- Driver compartment will need to be decontaminated after call

Destination Decisions

- Any hospital is capable of receiving suspected COVID-19 patients
- The patient should go to whatever hospital they would normally go to

Pre-notification

- No pre-notification to Monroe County hospitals for suspected COVID-19 unless:
 - You are unable to obtain source control on patient (cannot mask/uncooperative)
 - Aerosolizing procedures (nebs, CPAP/BiPAP or airway management)
 - You would otherwise call before COVID-19 (e.g. STEMI, stroke, etc.)
- Continue prenotification to Noyes Hospital on all inbound patients as per usual practice
- ED/hospital will give specific entrance instructions with unmasked patient with suspected COVID-19 (uncooperative, critically ill, etc.)
 - i.e. may be external door to decon room

Non-transport

- Regional guidance has been issued on consideration of non-transport in certain circumstances
- Do not implement any non-transport procedures at this time
- We are processing this information – more local guidance to follow in next few days

Cleaning & Decontamination

Personal

- Doff & properly dispose of PPE (see CDC procedure handout)
- Wash hands/hand sanitizer after patient care & before getting back in vehicles

Ambulance & Equipment

- Wear gloves during decontamination process
- Air out ambulance/turn on vent following transfer-of-care for 5 minutes
- Wipe down all patient care surfaces with EPA approved disinfectant
- No need to wait to return to service after airing out/disinfecting ambulance

End of Shift

- Ensure daily cleaning & disinfection of stations, bathrooms, door handles, etc.
- Wipe down ambulance driver & patient compartments at end of shift
 - Special attention to radio, light/siren controls etc.
- Please refer to decontamination handout
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Hospital Matters

Testing

- Testing supplies (swab, viral medium) are limited
- Currently testing is largely being reserved for severely ill patients
- Currently no ability to run test locally – couriers are running to Buffalo, Rochester, etc.
- Turn around times are variable

Exposure & Quarantine

Definition of COVID-19 Exposure (Please read)

- The CDC defines exposure as being within six feet of a confirmed COVID-19 infected person for *at least 5 minutes* without appropriate PPE.
- Brief encounters less than a couple minutes and at a distance > 6 feet are not exposures
- Contact with a positive COVID-19 patient while wearing appropriate PPE (as everyone better be wearing!) is not considered an exposure.
- Contact with a person who has had interaction with another person with known or suspected COVID-19 is not an exposure

Post-exposure procedures

- *For true exposures only. Please see above.*
- Agency designated point of contact needed for EMS Office & Livingston Co. Health Dept.
- Livingston Co. Health Dept. will follow-up with any exposures to confirmed COVID-19
 - Quarantine at home for 14 days from time of exposure may be necessary
- No role for post-exposure testing unless become symptomatic
 - Incubation period is 14 days
 - Testing does not eliminate need for quarantine if true exposure
- Changing frequently – keep an eye out for further updates. More information to follow

Potential exposure, but not confirmed COVID-19 (crew forgot PPE)

- The crew should self-monitor for symptoms
- No notifies or restrictions necessary

Quarantine/Travel

- No one in Public Safety should be traveling at this time
- Anyone who has traveled to a Level 3 country, or been on cruise within 14 days should home quarantine for 14 days upon return
- Domestic travel does not require quarantine
- However, all travelers, just like everyone else, should self monitor for symptoms

Continuity of Operations

Agencies should immediately review continuity of operations plans, including:

- How to maintain adequate staffing/personnel if multiple staff are quarantined or sick
- Eliminating non-essential operations
- Consolidating personnel into essential operations only
- Cohorting work groups to minimize potential number of exposures
- Minimal number needed to keep more at home/available
- Facility decontamination procedures
- Regular cleaning/sanitizing procedures

Further Directions

COVID-19 has and will continue to disrupt our lives over the next several weeks to months. In these challenging times, we must exercise patience, composure, compassion, and demonstrate leadership within our community. Information surrounding COVID-19 changes on a daily basis; additional updates and guidance will be pushed out frequently. In the meantime, you may contact the Livingston County EMS Office with any questions.

Thank you all for everything you do. Stay informed, and stay safe out there!