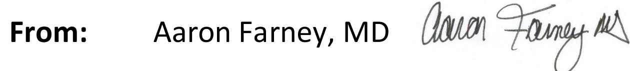
LIVINGSTON COUNTY
EMERGENCY MEDICAL SERVICES
Office of the EMS Medical Director

3360 Gypsy Lane
Mt. Morris, New York 14510
Phone (585) 243-7596 | Fax (585) 243-7187

Karen H. Dewar, RN, EMT
Director

Aaron Farney, MD
EMS Medical Director

To: All Livingston County Law Enforcement Agency Leaders

From: Aaron Farney, MD 

Date: **Monday March 23rd, 2020 12:00 pm**

Advisory: COVID-19 Interim Summary Guidance for Local Law Enforcement

As the COVID-19 pandemic progresses in our own community, we must take unprecedented but critical steps to limit the spread of this disease, while simultaneously maintaining ability to provide ongoing essential public safety and emergency services to our community.

Let me be clear – the situation surrounding COVID-19 is serious. It is here in Livingston County, will be for the foreseeable future. The latest national data shows that new cases locally, statewide, and nationally are occurring on an exponential curve, despite all of the social distancing measures and other actions the community at large has taken.

Local law enforcement agencies should review this advisory and implement the following prescribed standardized measures *immediately*, if not already done. While these measures are serious, this guidance is not made lightly. If you have questions, concerns, etc., please do not hesitate to contact me directly.

COVID-19 Assumptions

Public Safety should now be operating under the assumption that every EMS patient may have COVID-19. While there are certain characteristic symptoms (fever, cough, other upper respiratory symptoms, shortness of breath, muscle aches) that make COVID-19 more likely, more atypical presentations are commonplace. It is at best challenging, and frankly a dangerous endeavor to attempt to rule out a patient for COVID-19 in the field. We simply cannot take chances. From the start, every patient encounter must be processed under the assumption that COVID-19 is present.

Dispatch & Response

Law enforcement response to EMS incidents

Exposure risk and spread is decreased by limiting personnel making contact with patients to the *minimum number necessary*. *Law enforcement agencies should immediately take the following steps to reduce response to EMS incidents for the duration of the COVID-19 pandemic:*

1. Limit automatic dispatch & response to echo level determinants only (CPR needed/in progress)
    a. Law enforcement responding to echo level determinants must have adequate PPE protection (see PPE section below).

   b. **Law enforcement without adequate PPE should NOT make patient contact**
2. If law enforcement available, consider staging in the area for Priority 1 incidents, but not entering residence or making patient contact unless updates/situation warrants entry & contact.
   a. Entering a residence or being within 6 feet of an ill patient is high risk. Anyone doing so should have adequate PPE (see below).
3. Advising/monitoring/not responding on all other EMS incidents unless requested in by EMS
   a. When responding to response request from EMS, law enforcement should confer with EMS as to PPE needed prior to entering residence or being within 6 feet of a patient.
   b. If lacking indicated PPE, ask EMS if able to provide PPE.
4. Avoid sending any extra resources (i.e. multiple units if no crime/safety concerns).

This in no way precludes automatic response to EMS incidents with crime or safety concerns, or otherwise warranting law enforcement response (motor vehicle accident, etc.).

Premise warnings & 36 card

1. *Will all patients with suspected or confirmed COVID-19 have premise warnings?*
   a. No. Unfortunately, not all testing sites are notifying the local health department. Additionally, as stated, at this point, assume COVID-19 is everywhere, premise warning or not. Premise warnings are very quickly becoming irrelevant.
2. *Will all COVID-19 patients be coded under the 36 card?*
   a. 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, warrants proper PPE.

Personal Protective Equipment (PPE)

Routine PPE Recommendations – PLEASE READ

- Wash hands or use alcohol-based hand sanitizer (> 60% alcohol) prior to any patient contact
- Assess all patients from a distance of 6 feet or greater
- If remaining > 6 feet from patient, and not in enclosed room/area, PPE not required
- Put on nitrile gloves and eye protection on all EMS incidents
  - Wrap-around safety glasses or goggles preferred
- **Put on a surgical mask if making contact with any medical patient.**
- Provide any symptomatic patient with a surgical/droplet mask to put on themselves

High Risk PPE Recommendations – PLEASE READ

- In addition to the routine PPE guidelines above, for any patient with high suspicion for COVID-19, confirmed COVID-19, or in whom aerosolizing procedures are needed, including CPR, bag-valve mask ventilation, airway management, suctioning, CPAP or BIPAP masks, nebulizers, the following additional PPE precautions MUST be instituted for any personnel who are in proximity of the patient or in the same room or ambulance compartment:
  - **N-95 mask fitted to the individual**
  - Gown, if available
- Note that all personnel who have potential to be on an EMS incident should be fit tested for the N-95 mask (make/model) that they will carry with them and use
- Please review COVID-19 PPE flowchart

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, damaged, or ill-fitting
- Reusing masks for low risk contacts helps alleviate stress on the PPE supply chain

N-95 fit testing

- All public safety personnel should be fit tested to the specific N-95 they carry within the past 12 months or sooner if weight change/facial structure change
- Be aware that beards may prevent N-95's from being effective
- *Anyone who is not N-95 fit tested should be not be in proximity of any high-risk or confirmed COVID-19 patient, or for any aerosolizing procedures (CPR, airway management, CPAP/BiPAP, nebs)*
- Contact your primary EMS agency or the Livingston County EMS office immediately if unable to conduct fit testing at your agency

Patient Care

PPE First

No patient care should be rendered by the responding law enforcement until indicated PPE has been applied.

Minimizing Personnel & Time

- The absolute minimum number of personnel necessary to render safe & effective care should be making any contact with patients.
- *Law enforcement should refrain from patient contact unless necessary due to immediate life threat or at request of EMS, and then only with appropriate PPE*
- When making contact with patient, it should be for the absolute minimum time required to effect the patient care task at hand. Contact time must be limited.

Non-EMS Incident Considerations

While EMS calls are certainly high risk for COVID-19, other calls for service may put law enforcement at risk, and care must be taken on all incidents to avoid exposure to COVID-19. Law enforcement should have the appropriate PPE (eye protection, mask, gloves) on their person in order to immediately protect themselves, if necessary.

Screening for illness

When feasible, at a distance of 6 feet or greater, law enforcement should screen any suspect, complainant, or other citizen they are coming into contact with during official duties (i.e. crime investigation) for illness prior to making close contact.

Simply ask the question "are you currently ill or sick with fever or cough?"

If the answer is yes, then law enforcement should don eye protection, nitrile gloves, and a surgical mask if entering residence/premise, or if making contact within 6 feet. The ill person should additionally be given a surgical mask to apply themselves.

If unable to screen, whether due to safety issues, unclear response, etc., then law enforcement should consider donning eye protection, nitrile gloves, and a surgical mask prior to making contact < 6 feet.

Law enforcement transport of individuals

- Any individual being transported in a patrol car should be screened for illness as above, and if any symptoms, have a surgical mask placed on them before being placed in the patrol car
    - If unable to or uncooperative, law enforcement should wear mask (surgical or N-95)
- Local jails/detention facilities should have procedures in place to screen incoming individuals
    - Individuals with high risk or illness should be quarantined away from non-ill inmates
    - Officers/staff in contact with any symptomatic patient should wear a surgical mask, eye protection, and gloves
- Patrol vehicle should be aired out (open up doors for 5 minutes) and all surfaces wiped down with disinfectant following transport

Personnel Matters

Individual Measures

- All personnel should wash hands often while on shift, and before and after contact with members of the public
- Hand sanitizer is appropriate if soap & water not available – consider issuing/placing in cars
- Do not touch face/mucuous membranes
- Moratorium on handshaking
- Self-monitor for illness, especially fever, cough, sore throat, body aches, and/or respiratory symptoms
    - If ill, stay home – do not come to work if sick
    - If develops illness while at work, must go home and self-isolate

Social Distancing

- Maintain a distance of 6 feet from colleagues and public when possible
- No gatherings > 10 people unless essential, and space 6' apart
- Minimize face-to-face meetings to what is absolutely neceessary to operations

Temperature/illness screening at start of shift

- Agencies should screen oncoming staff at start of shift for any of the following:
    - *Fever is defined as:*
        - Feeling hot compared to room temperature or forehead hot when touched by back of hand
        - Shaking chills or rigors
        - Temperature > 100.4 degrees is abnormal

        - Consider use of infrared device to reduce cross-contamination
    - Cough
    - Sore throat or other upper respiratory symptoms not attributable to allergies
    - Body aches
    - Shortness of breath or trouble breathing
- *Anyone with fever, respiratory, or infectious symptoms should be sent home*
- For anyone on duty > 12 hours, screening should be repeated at 12 hour mark
- Anyone who develops symptoms between screening should not be allowed to continue to work
- Understand limitations – certain thermometers may not be accurate
- https://www.mlrems.org/GetFile.aspx?fileID=25930

Return to Duty After Illness

- In order to return to duty, it is recommended that sick personnel have impoved symptoms, be fever free for 72 hours *without* the use of fever-reducing medication (i.e. acetaminophen, ibuprofen), and be 7 seven days past the onset of symptoms

Exposure

Definition of COVID-19 Exposure

- 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 considered 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

- Self-monitor daily for symptoms, including temperature check
- Each agency should have a designated point of contact for health dept.
- Livingston Co. Health Dept. will contact and question anyone who may have been exposed
- Health department will render guidance

Continuity of Operations

Agencies should review continuity of operations plans, including:

- How to maintain adequate staffing/personnel if multiple people are 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
- Daily cleaning/sanitizing procedures