LIVINGSTON COUNTY
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To: All Livingston County Public Safety Agencies (EMS, Fire, Law Enforcement)

From: Aaron Farney, MD

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Updated COVID-19 Interim Guidance for Livingston County Public Safety Agencies

As the COVID-19 pandemic continues to rapidly spread nationally, statewide, and right here in Livingston County, public safety agencies must adapt to the changing circumstances before us. Since I last issued guidance, local cases of COVID-19 have steadily increased. Today, we stand at 26 confirmed cases in Livingston County. Many of you have already responded to and cared for COVID-19 patients. Unfortunately, while it is difficult to make accurate predictions, the COVID-19 pandemic is not forecasted to peak for several weeks, if not longer. Now more than ever we must be informed and on cue. Our safety and our community depend upon it.

This updated advisory summarizes current COVID-19 related information and recommendations for all Livingston County public safety agencies and personnel, including EMS, fire, and law enforcement. Target audience includes any agency or personnel who may respond to 911 incidents within Livingston County. This guidance supersedes previous COVID-19 advisories issued March 19th (BLSFR & transport agencies) and March 23rd (law enforcement).

Please read this document in its entirety as there are several interim revisions. *Ambulance agencies should additionally refer to the Livingston Co. EMS Transport Agencies Addendum (to be released soon)*.

COVID-19 General Information

Epidemiology

- COVID-19 is the name for the disease caused by the virus SARS-CoV-2 (novel coronavirus)
- Coronaviruses are a large family of viruses that are common in humans and mammals
- SARS-CoV-2 is a novel virus – meaning it has never been seen in humans previously
- Closely related to the SARS virus from the early 2000's
- Originated in the city of Wuhan, China in December 2019
- Human-to-human spread, *mainly via respiratory droplets produced when a person coughs*
    - These respiratory droplets land in the mucous membranes of others nearby
- Additionally, has been shown to survive on surfaces for several hours
- Can survive briefly in aerosol (but not confirmed to be a route of transmission)
- Highly infectious, attack rate 30-40% without preventative measures
- Incubation period 2-14 days, average is about 5 days from exposure to symptom onset
- Each infected person infects another 2-4 individuals

- 80% of cases result in mild illness
- 15% of cases severe (requiring hospitalization)
- 5% of cases are critical requiring ICU care
- Reported mortality rates ranging from 2-4.5% of all confirmed cases (many cases we do not know about as milder cases likely not being tested)
    - Actual mortality rate thought to be closer to 2%
- First case in U.S. – January 21; first death in U.S. – February 29
- Now a global pandemic and is locally widespread, with rapidly increasing numbers of confirmed cases here in Livingston County

Presentation

- Ranges from mild upper respiratory infection to severe pneumonia and respiratory failure
- Symptoms:
    - Fever (45% on initial presentation, 85-90% in all)
    - Dry cough (50-80%)
    - Shortness of breath (20-40%)
    - Other upper respiratory symptoms (sore throat, etc.) – 15%
    - Fatigue, myalgias, loss of smell, GI symptoms (nausea/diarrhea)
- Atypical presentations occur. Examples include failure to thrive, falls, lift assists, confusion, trauma, cardiac arrest.

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, atypical presentations have already occurred. It is at best challenging, and frankly a dangerous endeavor to try to rule out a patient for COVID-19 in the initial phase of any EMS incident. We simply cannot take chances.

Given the sustained and increasing prevalence of COVID-19 in our community along with the very real possibility of atypical presentations, all EMS incidents, regardless of dispatch information, must be considered hazardous for threat of COVID-19 exposure, and appropriate precautions should be exercised (see PPE section below).

Infection Control Measures

Personal care & hygiene

- Wash hands frequently with soap and water for at least 20 seconds
    - Before and after patient contact
    - Several times daily, including before eating
- May substitute any alcohol-based hand sanitizer containing > 60% alcohol
- Avoid touching your face, nose, mouth, eyes
- Cover any cough or sneeze with tissue or sleeve and then clean hands
- Do your best to get adequate sleep
- Eat healthy and stay hydrated by drinking water
- Avoid contact with anyone who is sick, unless part of your duties (i.e. EMS response)

Self-monitoring

- All public safety personnel should self-monitor for illness, especially fever, cough, sore throat, body aches, and/or respiratory symptoms on a daily basis
- Volunteers at agencies without scheduled or assigned duty crews must be vigilant about self-monitoring and temperature checks at least once daily (preferably twice daily) if they can reasonably anticipate they may respond to a call should one come in.
- If you are febrile or ill, stay home – do not come to work or respond to an EMS call
    - If mild illness, quarantine yourself at home until symptoms have resolved and you are fever free for 72 hours (without use of fever-reducing medications)
    - If more than mild illness, reach out to primary care office first unless severity warrants visit to urgent care or emergency department.

Workplace fever/illness screening

- All public safety agencies are advised to implement fever/illness screening of personnel at start-of-shift and after 12 hours of continuous duty if remaining on duty
- On-duty personnel (volunteer or paid) should attest to the absence of:
    - Fever (measured or not)
    - Cough
    - Shortness of breath
    - Body aches
    - Sore throat
- Agencies able to do so are encouraged to utilize a thermometer to screen oncoming personnel
    - If possible, use an infrared thermometer or disposable temperature strips to avoid cross contamination
    - Temperature > 100.4^{o} Fahrenheit (38^{o} C) is abnormal
- Any personnel with a fever or positive symptoms should be sent home or taken off duty
- Agency leaders may implement either an electronic or paper log to assist in tracking compliance
    - Log should include date, time, name, temperature (if measured) and attestation to absence of symptoms as outlined above
    - LCEMS has a template available to share, including a small card that can be carried by personnel and displayed on request (i.e. at hospitals who are screening prior to entry).
    - Alternatively, may utilize a modified ICS 211p form
- Volunteer agencies with duty crews who respond from home may find an electronic log (i.e. Google Doc or Sheets) more convenient
- Volunteer agencies without designated duty crews (i.e. fire) will need to rely on self-monitoring, which must be vigilant
- Certain thermometers (tympanic, axillary) may not be accurate
    - *The absence of a measured fever does not allow anyone to continue to work with positive symptoms. It is either/or, not both.*

Social distancing for public safety agencies

- No handshaking
- Maintain a distance of 6 feet from each other at all times when possible
- No gatherings > 10 or more - minimize face-to-face meetings
- Smaller gatherings only as necessary (i.e. EOC) and space 6’ apart
- *Agencies who have not done so should postpone the following*:
    - Training

- Ride-alongs, explorer or other shadow programs
- General business and other non-emergency meetings
- Banquets, awards ceremonies, and similar celebratory gatherings
- Fire prevention, CPR classes, other community outreach

Workplace cleaning & disinfection

- Ensure daily cleaning and disinfection of the workplace
- Any EPA approved disinfectant active against viral pathogen is ideal
- Wipe down & disinfect frequently touched objects & surfaces daily and/or between shifts
  - Examples include bathrooms, doorknobs, telephones, radios, vehicle components
- Ensure adequate supply of disinfectants available at all times

Dispatch & Response Considerations

Premise warnings

- New: premise warnings have been restricted only to *persons under investigation* (COVID-19 testing in progress) or *confirmed* COVID-19
- Travel history or potential exposure without symptoms no longer qualifies for premise warning
- This is a result of the fact that COVID-19 is now widespread in our community and everyone should be considered to have been exposed
- Consider the entire county to have one large premise warning for potential COVID-19
- If responding to a location with a premise warning, don surgical mask, eye protection & gloves
- Additionally, provide the patient with a surgical mask
- See Livingston County Premise Warning FAQ document

36 pandemic card

- Use of the 36 Card (Pandemic Card) limits the number of personnel being dispatched to patients with flu-like symptoms, limiting exposure risk
- 911 EMS calls that screen positive for infectious symptoms are shunted to the 36 card
- 36 card jobs are either Priority 2 (ALS ambulance) or Priority 4 (BLS ambulance)
- *No first responders are dispatched to 36 card incidents unless requested by EMS for assistance*
- 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 sent to these calls, it remains critical that ALL patients are screened from >6 feet for fever or respiratory symptoms. Any call, regardless of coding, could be a COVID-19 patient.

Fire/BLSFR/Law enforcement co-response to EMS incidents

- **Fire/BLSFR/Law enforcement response for EMS incidents should be limited to priority 1 assignments only, with exception of hazard or safety concerns that would otherwise warrant co-response**
- Response to lower acuity calls (priority 2-4) increases risk relative to potential patient benefit
- Once on scene, if in the judgment of the first responder, there is no immediate life threat to the patient, first responders should avoid close patient contact & remain 6 feet or more away until EMS arrives, while observing the patient and intervening only if patient condition is worsening, and then only with appropriate PPE

- Fire/BLSFR/Law enforcement should not be automatically sent to the following EMS jobs unless hazards or safety concerns, or if requested by EMS:
    - Any priority 2-4 incident
    - Any 36 card (pandemic/flu)
    - Any 26 card (general illness/sickness)
    - Any healthcare facility (nursing home, doctor office, urgent care)
- Some fire departments have requested to restrict their responses further
    - At this time, blanket removal from EMS calls is strongly discouraged
    - At a minimum, please maintain response to echo level determinants (CPR needed)
- EMS can and should continue to request law enforcement for any safety concerns
- EMS can and should continue to request Fire/BLSFR for assistance with hazards or patient care/lifting if needed
- Fire/BLSFR/Law enforcement responding to EMS incidents must don appropriate PPE, including surgical mask, eye protection and gloves on all calls, N-95 and gown for aerosolized procedures
- EMS should assist any on scene Fire/BLSFR/law enforcement with PPE as needed and able

Personal Protective Equipment (PPE) Requirements

General PPE requirements – UPDATED PLEASE READ

- **Universal Masking:** As soon as on scene, don surgical mask, eye protection, and gloves on all EMS calls
    - Wrap-around glasses or goggles preferred
    - Standard prescription glasses are inadequate protection
- Provide any stable patient with fever, cough, shortness of breath, sore throat, or any other infectious symptoms with a surgical mask (no N-95's for patients)
- Personnel may wear the same mask for that entire shift or day so long as it is not grossly contaminated, soiled, wet, damaged, or ill fitting.

Additional PPE requirements for aerosolizing procedures

- Don N-95 mask, eye protection, gown and gloves for aerosolizing procedures
- Aerosolizing procedures include:
    - CPR, bag-valve mask (BVM) ventilation, advanced airway management, CPAP or BiPAP, and nebulizer treatments
- The patients requiring aerosolizing procedures are acutely ill and either already in or are imminently approaching respiratory failure. First responders and EMS personnel who recognize a patient is in respiratory distress or failure should go ahead and don an N-95 in lieu of a surgical mask in anticipation of needed aerosolizing procedures
- The N-95 mask supply chain remains tenuous
    - N-95 mask utilization should be limited to critical respiratory patients and aerosolizing procedures as outlined above
    - Excessive and unnecessary N-95 mask use on routine calls will more rapidly deplete the available N-95 masks and further stress the supply chain

Structural turnout gear

- If possible, avoid routinely utilizing structural turn out gear as primary contact protection for infectious EMS calls
    - It will need to be washed after any close contact with critical patients prior to reuse
    - May contaminate fire truck or station on returning to quarters

- Disposable gowns are preferred
- However, if turn out gear is all that is available, it is better than no protection and should be used for any critical respiratory patient or CPR during the COVID-19 pandemic
- Even with turnout gear, eye protection, mask, and nitrile gloves are still required

PPE donning/doffing

- Care should be taken when removing contaminated PPE so as to avoid contaminating yourself
- Please review CDC PPE donning & doffing procedure handout https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

PPE disposal

- Masks (surgical or N-95)
    - OK to wear mask throughout entire day or shift, unless:
        - It is wet, dirty, soiled, or ill-fitting
        - It is otherwise contaminated
- Gown & gloves
    - Remove inside-out and discard safely in trash bag
- Glasses/goggles
    - Completely OK to reuse
    - Disinfect between uses

PPE Logistics & Supply Chain

N-95 fit testing

- All public safety personnel who may respond to an EMS incident should be fit tested to the specific N-95 they will carry
    - Fit test must be within the past 12 months
    - More recently if significant weight change/facial structure change
- Be aware that beards prevent N-95'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)
- Contact Livingston County EMS office ASAP if unable to conduct fit testing at your agency

PPE inventory & utilization

- All agencies should inventory & centralize all PPE
- PPE must be readily available for any personnel responding to an EMS incident
- PPE utilization should be in accordance with guidance
    - Excessive PPE utilization will rapidly deplete tenuous supplies

Burn rate

- All agencies should closely monitor PPE utilization (burn rate), with special attention to the following:
    - N-95 masks
    - Surgical masks
    - Gowns
    - Gloves
- Agency PPE burn rate is needed when making PPE supply requests

Acquiring PPE (for agency leaders)

- Immediately place order through your agency vendor (most are backordered, but still try)
- Fire/BLSFR/law enforcement agencies should coordinate with their primary jurisdictional transport service for distribution of available PPE as warranted and available
- Agencies with PPE shortages should contact their respective (Fire or EMS) coordinator
    - Know quantity on hand and estimated quantity needed

Livingston County PPE cache

- County OEM is maintaining a PPE cache at the Hampton's Corners complex
- PPE is being made available to agencies with PPE shortages as outlined below
- PPE is currently being distributed on recurrent 2-week operational periods
    - First distribution March 25th
    - Quantity distributed is based on EMS call volume and projected use (burn rate)
    - If burn rate appears to be exceeding existing two-week supply faster than anticipated, agencies should contact the EMS coordinator immediately
    - Agencies will again be asked to provide PPE needs near the end of each 2-week operational period
    - Additional PPE will be supplied as able based on demonstrated need and projected burn rates
- Note that hospitals/emergency departments are unable to resupply PPE

Patient Assessment & Care

Principals of initial patient assessment

- Don indicated PPE for all patients BEFORE making patient contact
- Assess all patients from safe distance of 6 feet if possible
- Minimize number of personnel making patient contact (within 6 ft. of patient)
    - In most cases, this number is **1-2** EMT's and/or paramedics
    - For severely ill or critical patients, more personnel may be required, but should still be limited the minimum necessary to achieve the tasks(s) at hand
    - Other responders/personnel should stay 6 feet back or more
- Although all patients should be considered as potential COVID-19, EMS personnel should continue to assess for high risk symptoms (fever, cough, respiratory symptoms), travel within prior 14 days (i.e. to NYC area) or close exposure to someone with confirmed COVID-19 (i.e. another household member)
- Offer any patient with fever or cough a surgical mask during initial assessment

Initial interventions

- Ensure all personnel have appropriate PPE prior to interventions/treatment
- Minimize number of personnel rendering treatment to 1-2 EMT's or paramedics if possible
- Others should stay 6 feet back
- Avoid performing excessive tasks or interventions on scene that do not address life threats or suspected emergent conditions
- Avoid unnecessary aerosolizing procedures unless indicated by true respiratory distress or failure. This includes nebulizer treatments.
- Prioritize disposition decision and actions early on in incident

Principals of definitive treatment & transport

- Minimize time on scene, especially time spent in a residence or enclosed room
    - Move the incident along at a safe but assertive pace
- EMS personnel involved in definitive prehospital treatment & transport of patients during the COVID-19 pandemic should refer to the *Livingston Co. EMS Transport Agencies Addendum*.

Non-transport

- EMS personnel engaged in refusal of medical attention (RMA) and/or non-transport of patients during the COVID-19 pandemic should refer to the *Livingston Co. EMS Transport Agencies Addendum* for further guidance on this specific subject.

What has not changed

- Care standards – we are still performing the same care otherwise
- Your compassion, professionalism, and expertise

Decontamination & disinfection

Personal

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

Process

- Wear gloves during decontamination process
- Wipe down all patient care areas, surfaces, and equipment with EPA approved disinfectant
- Wipe down vehicle interiors (including patrol cars) at end of call or minimum daily
    - Special attention to radio, light/siren controls etc.
- Air out any ambulance/patrol car rear compartment afterward for about 5 minutes
- Please refer to EPA handout: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

COVID-19 Exposure Concerns

Definition of COVID-19 exposure

- The CDC defines exposure to COVID-19 as *being within six feet of a confirmed COVID-19 infected person for at least 5 minutes without appropriate PPE or having unprotected direct contact with infectious secretions*
- What is NOT an exposure:
    - Brief encounters less than a few minutes and at a distance > 6 feet
    - Contact with a positive COVID-19 patient while wearing appropriate PPE
    - Contact with a person who has interacted with another person with known or suspected COVID-19

Asymptomatic exposures (updated)

- *In accordance with guidance from NY State Dept. of Health & Bureau of EMS (NY BEMS Policy Statement 20-04), exposed EMS personnel, whether direct care providers or other facility or agency staff, can continue to work if:*
    - They are not symptomatic (no fever, cough, or respiratory symptoms)
    - They self-monitor for fever and symptoms twice daily

    - They undergo temperature monitoring and symptom checks at beginning of each scheduled shift and at least every 12 hours thereafter while on duty
    - They wear a facemask while working until 14 days following any high-risk exposure (no PPE, sustained close contact with confirmed COVID-19)
- When possible, agencies should consider cohorting exposed individuals together (i.e. partners)
- No role for post-exposure testing unless individual becomes symptomatic
    - Incubation period is 14 days; after 14 days in the clear

Exposed & symptomatic

- Stop work, do not come to work or respond to a call
- Isolate at home
- If mildly ill, OK to isolate at home. Notify agency.
- If moderately ill contact primary care doctor for guidance (preferable) or go to Urgent Care or Emergency Department if warranted. Severely ill should go to Emergency Dept.

Return to work

- Any exposed personnel who become symptomatic must isolate at home for at least 7 days after illness onset, be fever free for at least 72 hours without use of fever-reducing medication and have improving or resolving symptoms prior to return to work
- Must wear facemask at all times at work until 14 days after onset of illness if any symptoms persist

Follow-up

- Livingston Co. Health Dept. and the EMS office (EMS-1 and/or 2) will follow-up with agency contact (agency chief/captain unless otherwise designated) for any potential exposures to confirmed COVID-19 that they know about

Post-mortem

Cardiac arrests patients who are terminated or not transported are at best challenging to test for COVID-19. Do not assume that post-mortem COVID-19 testing will be done. It remains imperative that all rescuers (law enforcement, fire, EMS) don full PPE at all times during a cardiac arrest to protect themselves from potential exposure to COVID-19.

Travel

- No one working in public safety should be traveling at this time
- Anyone who has traveled to a CDC Level 3 area, or been on cruise within 14 days should home quarantine for 14 days upon return

Continuity of Operations

Agencies should review continuity of operations plans, including:

- PPE & patient care supplies
- How to maintain adequate staffing/personnel if multiple staff are quarantined or sick
- Reducing non-essential operations
- Cohorting work groups when feasible to minimize potential number of exposures
- Staffing plans that account for increased absenteeism due to multiple ill or quarantined personnel

Additional Comments

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 frequently; additional updates and guidance will continue to be pushed out. In the meantime, you may contact myself and the Livingston County EMS Office with any questions.

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

COVID-19 References

Monroe-Livingston EMS
https://mlrems.org/provider/covid-response/

New York State Bureau of EMS
https://www.health.ny.gov/professionals/ems/policy/policy.htm

New York State Dept. of Health:
https://coronavirus.health.ny.gov/information-healthcare-providers

Livingston County Department of Health
https://www.livingstoncounty.us/1207/COVID-19

CDC Coronavirus Disease Website
https://www.cdc.gov/coronavirus/2019-ncov/index.html

CDC Interim Guidance for EMS & Risk Assessment
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

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