



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

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COVID-19 FAQ's for EMS/Fire/Law Enforcement

PPE / Cleaning and Disinfection

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Personal Protective Equipment

- 1) **Whenever possible, stay 6 feet or more away from any potential patient.**
 - a. **Use the least necessary number of personnel to accomplish the requisite tasks.**
 - b. **Staying more than 6 feet away DOES NOT require the use of any PPE.**

- 2) **PPE Recommendations**
 - a. **Wear gloves on ALL patient encounters involving close contact.**
 - b. **Wear eye protection on ALL patient encounters involving close contact.**
 - c. **Wear a surgical mask on ALL patient encounters for any illness (medical) related complaint or anyone with cough, sore throat, fever, fatigue, malaise, not feeling well, etc that involved close contact.**
 - d. **Wear an N95 mask and gown for ANY patient encounter that results in aerosolization such as nebulizer use, CPAP, BiPAP, suctioning, or intubation.**
 - i. **Gowns should be reserved ONLY for aerosolized procedures and CPR**
 - e. **WASH your hands frequently and after every patient encounter**
 - f. **Don't touch your face, mouth, eyes**
 - g. **Guidance available at <https://www.mlrems.org/GetFile.aspx?fileID=25919>**

- 3) **What do I do with my PPE after patient contact?**
 - a. **Dispose of PPE in any garbage bag.**
 - b. **Dispose of the garbage bag when full – conventional trash is acceptable.**
 - c. **Do not reuse PPE after taking care of a patient with suspected COVID-19.**
 - d. **Your clothes do not need to be removed/washed unless soiled with blood/bodily fluids.**

- 4) **What if I don't have a gown and perform an aerosolizing procedure?**
 - a. **Ideally, the responder should wash clothes before re-wearing.**
 - b. **Personnel should assure they have additional uniforms/clothes available.**

- 5) **What about using masks with face shields, are they acceptable?**
 - a. **Wrap-around eye protection or goggles are ideal. If not available, shields can be used EXCEPT in cases of aerosol-generating procedures where wraparound eye protection is required.**



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- 6) Can I reuse goggles or safety glasses?
 - a. Yes. Goggles and safety glasses can be reused PROVIDED they are disinfected using an EPA approved disinfectant between use. See disinfection procedures.

- 7) Can I reuse a mask (surgical or N95)?
 - a. Yes, provided it is not wet, soiled, ill-fitting, or used on a patient that is high suspicion.
 - b. Reusing masks is REQUIRED unless it meet the above criteria in order to maintain supply.
 - c. Additional guidance is available at <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

- 8) Where can my department get supplies such as PPE (masks, face shields, gowns), hand sanitizer, etc?
 - a. Email item request, quantity requested, requestor, requestor contact information (both phone and email) to COVID19@monroecounty.gov
 - b. Your request will be processed and the requestor will be contacted regarding request fulfillment.

- 9) How do I properly don and doff PPE?
 - a. A guide to use, donning and doffing can be found at <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

- 10) Will hospitals and Emergency Departments resupply PPE?
 - a. No. Hospitals have specific allocations.
 - b. All PPE replacement is the responsibility of the agency. As the Agency depletes its resources follow the above procedure for obtaining supplies.

- 11) I need fit testing for N95 masks, where can I get it?
 - a. Make the request via email to tczapranski@monroecounty.gov and assure requestor and requestor contact information (both phone and email) is included. Both fit testers and fit testing equipment is available by appointment.

- 12) Should I change my fit-testing procedures?
 - a. Yes. Although there is no current guidance regarding fit-testing materials being decontaminated after each use, we haven't been in a pandemic before. Although the risk of transmission is low (particularly because the testee is masked during the entire procedure), there may be incidental hand contact or a non-fitting mask. For that reason, I would advise that the fit-testing hood be wiped down with a disinfectant after each use. It can be used immediately thereafter.



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- 13) I hear surgical masks are acceptable alternatives, is this true?
- Surgical masks ARE PREFERRED except for EMS providers performing aerosolizing procedures.
 - For the majority of responders, there is no clinical indication for using N95 masks - surgical masks are sufficient and do not require fit testing. In fact, N95 shortages are worsening and those N95 masks will not be available for those that need them based on their job task - which are health care workers performing specific procedures on COVID-19 positive patients and our developing cadre of testers who we are ramping up to go out to test public safety personnel and the community. If they don't have N95 masks they will be infected at higher rates and will not be able to care for patients or do field testing. In general, ALL responders should primarily use surgical masks, else we will soon have none.
- 14) Are there any other options for helping to sustain my PPE supplies? **(NEW 4/7)**
- YES! It is CRITICAL that agencies and agency leadership set the expectations of responsible PPE use. If we do not use PPE responsibly and reuse when appropriate we may not have it later.
 - NYS PPE Sustainment Guidance is available at <https://mlrems.org/GetFile.aspx?fileID=26000>.
- 15) I hear some agencies are sterilizing their N95 masks for reuse. Can you do that, and how? **(NEW 4/7)**
- Yes. This is a means for stretching the supply of N95 respirators and is recommended if the agency has the capability of doing so according to any of the following approved processes:
 - Guidance from the CDC is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>
 - Evidence-based guidance is also available from the COVID-19 Healthcare Coalition: <https://c19hcc.org/static/img/insights/Evaluation-of-Respirator-Decontamination-Techniques.pdf>
- 16) Should first responders cover their face and/or mask when not providing patient care? **(NEW 4/8)**
- Laypersons are being increasingly urged to use homemade coverings to cover their face in public with the belief that this may slow the spread of disease - either through decreasing inadvertent touching of the face or asymptotically spreading disease. This is referred to as a "Face Covering" and is to be distinguished from "Universal Masking." The latter is the universal application of a face mask when operating in a patient care environment where social distancing and other measures may not be possible.
 - Given the proximity of responders to each other in stations and apparatus, it is reasonable - but ultimately an agency decision - to require the wearing of facial coverings while operating apparatus with other personnel, occupying a station/office with other personnel, or being out in public. The recommendation for wearing face coverings are for any environment in which a person cannot maintain social distancing from another. Facial coverings are not for a clinical setting, where responders should follow published PPE guidance for patient contact.
 - Due to current and predicted shortages in PPE, it is recommended that facial coverings be cloth facial coverings or masks and not surgical or procedural masks. In no cases should N95 masks be used for the purpose of facial covering as supplies are extremely limited and they should be reserved only for aerosolizing procedures.



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- d. CDC guidance on the creation and use of cloth facial coverings is available at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- e. Medical calls, or any call for service in which the responder is likely to come into contact with a patient/individual with suspected or confirmed COVID-19, should result in the responder donning the appropriate PPE (mask, gloves, eye protection, etc) based on the patient's presentation and in accordance with previous guidance.
- f. Proper hand sanitizing/hand washing during doffing and donning of either face coverings or surgical/N95 masks remains essential to reduce the risk for inadvertent facial contact resulting in virus transmission.

Cleaning and Disinfection

- 1) What steps should I take to disinfect or clean?
 - a. Assure frequent, no less than daily cleaning and disinfecting of stations, hard surfaces, bathrooms, etc.
 - b. Assure the interiors of all response vehicles are wiped down and cleaned after each shift OR after care for a patient with suspected illness.
 - c. Special attention should be paid to the driver area and all touched surfaces (radio, MDT, light/siren controls, etc) as well as patient care areas.
 - d. The EPA Maintains a list of products effective against COVID-19 at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- 2) How long do I have to wait until after cleaning surfaces before using them or caring for a patient?
 - a. There is **no waiting period after cleaning the surfaces and return to service**. Only gloves are needed to perform cleaning.
- 3) A quick reference document on decontamination of an ambulance is available at <https://www.mlrems.org/GetFile.aspx?fileID=25936>
- 4) What steps do I take if I have an individual with symptoms in my patrol car?
 - a. After someone with symptoms has been in the patrol car, open all doors and leave open for 5 minutes.
 - b. Wipe down all contact surfaces with disinfectant.
 - c. There is no waiting period after cleaning surfaces and returning to service.
 - d. Patrol car surfaces (particularly steering wheel, radio/MDT/light and siren control, etc) should be wiped down at end of shift to help reduce risk.
- 5) Am I at risk of contracting COVID-19 through handling routine paperwork (forms, papers, etc)?
 - a. This is extremely unlikely. No additional protections are necessary for handling routine paperwork. As with all daily activities, work-related or not, frequent handwashing remains your most important defense against contracting COVID-19.



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- b. A pen, or other writing implement used by someone suspected of, or confirmed to have COVID-19, can be a source of transmission and should be disinfected after use.
- 6) What measures should we take to disinfect linens and uniforms?
- a. Routine washing with detergent and hot water is sufficient. No additional measures are necessary.
 - b. For bed sharing (eg firehouses), no additional care for mattress or pillow covers are necessary. It is acceptable, but not required, to spray/wipe impermeable covers with disinfectant.
- 7) How do I dispose of PPE and COVID-19 related waste?
- a. PPE can be disposed of in routine trash and does not require specialized decontamination/sterilization.
 - b. Management of laundry, food service utensils, regular waste and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that facility waste needs any additional disinfection.
 - i. Sharps (needles, lancets, etc) should be secured and disposed of using routine (pre-COVID-19) practices.
 - ii. Medical waste (items with blood or body fluids) should be secured and disposed of using routine (pre-COVID-19) practices, usually through the use of a red-bag and medical waste handler.
- 8) I hear there may be some hand sanitizers that are ineffective, how do I know?
- a. The CDC does not have a recommended alternative to hand rub products with greater than 60% ethanol or 70% isopropanol as active ingredients.
 - b. Sodium hypochlorite – bleach “Chlorox” wipes or spray - remain effective but are not advised to use for skin disinfection, although perfectly good for decontamination of inanimate objects.
 - c. Benzalkonium chloride, along with both ethanol and isopropanol, is deemed eligible by FDA for use in the formulation of healthcare personnel hand rubs. However, available evidence indicates benzalkonium chloride has less reliable activity against coronavirus than either of the alcohols. This may be related to the concentration of benzalkonium chloride found in most hand sanitizers (0.1%) is less than that used for testing for efficacy in the SARS epidemic (0.5% or higher).
 - d. Alcohol based hand sanitizers with at least 60% alcohol or 70% isopropanol are best.
 - e. ***The most important way of sanitizing your hands is using soap and water for at least 20 seconds!***

Additional Information

These FAQs, all associated documents, and links to CDC resources can also be found at:

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