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www.mcleancountyems.org

McLean County Area EMS System– COVID -19 Response Policy

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Resources

All resources should come from the following sites:

CDC	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html
IDPH	http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/symptoms-treatment
McLean Co. Health Dept	https://health.mcleancountyil.gov/708/CORONAVIRUS-COVID-19
DeWitt Co. Health Dept.	https://www.dewittpiatthealth.com/
Tazewell Co. Health Dept.	https://www.tazewellhealth.org/
Woodford Co. Health Dept.	http://www.woodfordhealth.org/
LaSalle Co. Health Dept.	https://lasallecounty.org/hd-contact-us/
Putnam Co. Health Dept.	https://www.bchealthdepartment.org/

The CDC has the most up to date guidance on EMS. Please utilize that website for the best source of information on COVID-19

COVID-19 Information

Symptoms

- Cough
- Shortness of breath or Difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Nausea or Vomiting
- Diarrhea

How It Spreads

- Person -to- Person (within 6 feet)

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- Respiratory droplets
- May be airborne
- Touching contaminated surfaces

Incubation Period

- 2-14 days
- Typically, the 2nd week is when symptoms progress

Note on Symptoms*
Patients do not need to have all the symptoms to meet criteria. However typically a fever and shortness of breath are two most common symptoms. GI symptoms have also been noted as well.

Dispatch Information

Dispatch systems in Bloomington and McLean County will utilize "emerging infectious disease surveillance" card to identify patients with potential risk of COVID-19. Dispatch centers will notify providers via either CAD or through telephone communication of potential COVID patients. However, due to community spread, ALL patients should be expected to have COVID until proven otherwise.

No information on potential cases should be done over the radio. All information should be exchanged via cellular communication.

Proper PPE must be worn on any suspected calls.

Arriving on Scene

When arriving on scene of a suspected COVID patient, remember to keep personnel to a limited number of providers necessary to treat the patient appropriately. Excess personnel should remain outside if possible. All proper PPE should be worn when in contact with patients.

Personal Protective Equipment

General PPE for Non-Suspected COVID Patients
Due to wide community spread of this disease, providers must at minimum don surgical mask (or a mask with higher protection) on all patient contacts. However, agencies will need to make a determination of best use of resources. Agencies can require providers to wear higher protection of mask. Generally speaking on Non-suspected COVID patients, providers must wear:

- Fluid Resistant Surgical Mask – Fluid resistant surgical mask may be reused, see reuse info below. However, if supplies are limited, providers may wear cloth mask for only non-suspected COVID cases. These cloth masks are reusable and may be washed. Cloth mask should be a last resort.
- Gloves
- Googles or protective glasses.

For patients with suspected COVID-19

- MASK – Fluid resistant surgical mask should be worn with suspected COVID-19 patients
  - If performing aerosol-generating procedures (ie, suctioning, CPAP, neb treatment, BVM, intubation, ect.) providers should use N-95 respirators
  - Providers must be fit tested for N-95s for mask to work properly per OSHA and NIOSH requirements
  - If N-95 is used, and is not visibly soiled, no aerosol-generating procedures were performed and the mask was not contaminated with blood, respiratory or nasal sections, or other bodily fluids, the mask may be re used.
    - Mask must be proper doffed and placed into a proper storage area (see note on N95 respirators below for additional information).
- EYE PROTECTION – Goggles, or disposable face shields that fully cover the front and side of the face
  - Personal eyeglasses and contact lenses are NOT considered adequate eye protection
- HANDS – a single pair of disposable gloves
- BODY – an isolation gown
  - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for transfer of pathogens.

When the supply chain is restored, fit-tested EMS providers should return to use of respirators for patients with known COVID-19, if possible

Note on N95 Respirators
N-95 respirators must be fit tested to work properly. If no fit testing is conducted as required by OSHA, the mask may not be effective.

- N-95 Reuse
  - N-95 mask may be reused if they meet the criteria in the Respiratory Reuse Recommendations. Please see "Respirator Reuse Recommendations" guide.
  - We ask that providers re-use N-95's as much as possible if applicable in order to preserve the limited supply.
  - Re-use amount should follow manufactures recommendations OR no more than 5 uses if the mask maintains its integrity and its clean.

Note on Surgical Mask Reuse

- Fluid Resistant surgical mask maybe reused as long as they are:
  - Not visibly soiled or be exposed to aerosol generating procedures
  - They maintain structural integrity (e.g. not torn, ear loops intact)

FINAL PPE Note – if you have more N95 than surgical mask, its okay to use those for providers in the place of surgical mask, even if you are not doing aerosolizing procedures. Please re-use those masks unless the meet criteria for replacement.

Assessment of Patient

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Note If your dispatch notes that the patient is negative on their screen or you arrive at a healthcare facility and they state the patient is negative on their screen, continue with caution. Still preform your own screen and if patient symptoms are suspect, wear proper PPE. Do NOT rely solely on outside providers to state the patient is not infected. It is the providers responsibility to preform an assessment of each patient.

Patients who present with fever and/or signs and symptoms of lower respiratory illness (as listed above) should be considered potential for COVID-19. Additional assessment questions should be:

- Contact with anyone with flu like symptoms
- Contact with anyone who has tested positive for COVID-19
- Travel to any area with high COVID numbers

Treatment

Patient should be treated with routine medical care. Care should be given to ensuring their ABC's are properly maintained. Place a *surgical mask* on the patient and if needed o2 via nasal cannula. If a non-rebreather mask is needed, use as directed. Do NOT place a N95 respirator on the patient. They are not fit-tested for it and it will not be effective for them.

EMS providers should use caution on aerosol-generating procedures (BVM, suctioning, intubation, nebulizer treatment, CPAP, needle decompression ect.) If utilizing a BVM or CPAP, ideally you will have a HEPA filter attached to the device.

Do not neglect the patient's needs, treat appropriately, but be aware that you may limit interventions if the patient is stable in order to reduce aerosol-generating exposures. Limit these interventions for life threatening events only.

A temperature should be taken on a patient if possible. This is helpful for diagnostic of COVID.

If you have concerns on treatment, contact medical control.

Transport

Family

It should be strongly recommended that patient's family members remain at home if possible. Patient's family members should not be transported unless absolutely necessary (ie, pediatric). If family member is transported as a last resort, family member should be transported in the patient compartment, seat belted and with only a surgical mask placed on them. Do NOT utilize a N95 respiratory on the family member. Most hospitals have very strict visitor restrictions. Hospitals will allow for family to be with patient, however, it may be limited to only 1 person. If family wants to come, we recommend that family or friends drive separately.

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Notification
EMS units should give notification to the receiving hospital. This should be done over cellular communication if possible. We want to limit any information given over a radio. When communicating with the hospital, please use clear language, "Suspected COVID-19" and explain symptoms and what criteria they have met. If patient is on aerosolizing procedures, please ensure you notified the hospital of that.

Arrival at the Hospital

Upon arrival units may take the patients into the ED as directed to the assigned patient room. The EMS unit MUST contact the hospital upon arrival ONLY if they are administering aerosol generating procedures (e.g. CPAP, neb treatments). They must wait outside in their unit until directed to the proper location.

Transfer of Care

Please ensure that after care is transfer that all PPE is properly disposed of. Following disposal of PPE, wash hands with soap and warm water. If possible, replace facemask with a clean mask.

Donning and Doffing Resource: https://www.youtube.com/watch?v=U3dHGOHQB24
Proper procedures are necessary in order to limit spread of disease.

Decontamination of Ambulance and equipment

When decontaminating the ambulance, we should be wearing proper PPE. We may utilize a surgical mask at this time, along with goggles, gown and gloves. You may decon your ambulance in the gown you wore if it is not soiled. With limited PPE, we want to conserve as much as possible. Ideally, if you had a driver who had no contact with the patient, they would decon the ambulance.

Decontamination should be a 2-stage process

- Leave ambulance doors open if possible for air flow
- Ensure you follow directions of cleaning equipment to ensure appropriate procedures are followed
- Clean all surfaces and equipment used
- Begin cleaning with using cleaners and water to pre-clean surfaces
- Then providers should use EPA-registered hospital grade disinfectant. The EPA-registered disinfectant should be labeled with recommended for use against "SARS-CoV-2"
    - List can be found here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- Decontaminate the drivers compartment as well
- All waste can be placed in the red biohazard bags
- When done decontaminating the ambulance, place PPE in a red biohazard bag
    - Do not "rabbit ear" tie a bag, as that can leak
    - Gooseneck tie a bag

- This link demonstrates how to do this properly: https://www.meriinc.com/how-to-properly-tie-a-biohazard-bag/

Documentation

Providers will document this call like all others. It is important that you list all the providers/responders who had contact with the patient in your narrative section.

Post Call

Providers will continue to treat and respond to calls. If providers begin to experience symptoms, they should notify their chain of command and it's recommended that the provider then self-quarantine.

Agencies Responsibilities

- EMS Agencies should review their current infection control policies.
- Education should be provided to all providers and responders
- Inventory should be taken routinely to account for supplies
- Agencies should begin reviewing staffing and alternative staffing strategies
- Development of sick leave policies

PPE Replacement

PPE maybe replaced at the hospitals on a 1:1 basis. Please do not take additional PPE.

Agencies should make request through local EMA for additional supplies. Please do this to obtain additional supplies as needed.

Future Changes

This is a rather fast evolving situation. Changes will be made as required. We will notify the system and be in communication as frequently as possible.

If necessary, we will implement our full range of policies including:

- Alternative treatment options
- Recommending sheltering in place for low acuity calls
- Provider initiated refusals for low acuity calls
- Variances in response models

All of this will be approved by the Medical Director prior to implementation.

Positive COVID-19 Patients

If a patient test positive for COVID-19. EMS units will be notified of a positive test. Notification will come from the EMS office.

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If crew did not wear full PPE on those calls and had close contact with the patient, it is recommended that crew be replaced and sent home for self-quarantine for 14 days or until they have a negative test done at least 5 days after exposure. The ambulance may remain in service with a new crew. Close contact means being within 6 ft of the patient for an extended period of time.

If crews wore proper PPE, they can remain on duty but be monitored for development of signs and symptoms of COVID-19. If signs develop, they should be sent home.

Monitoring of Staff

It is vital that administration/chief officers create plans to monitor staff for illness. As medical workers we are at higher risk of contracting infectious diseases. This is an example. We suggest agencies use something similar. It is recommended to screen incoming and outgoing crews.

Red – ISOLATE

- Fever, temp > 99.1°f
- Feeling unwell
- New unexplained cough
- Shortness of breath
- Sore throat
- Taking cold/flu medication
- Close contact with sick person at home

If Yes, report to chief officer/administration. Recommended provider sent home for self-quarantine Sanitize station

YELLOW – MONITOR

- Low risk exposure within past 14 days
- Old explained cough
- Seasonal allergies
- Digestive symptoms
- Taking OTC fever reducing medications (aspiring, ibuprofen, acetaminophen, naproxen) within the past 8 hours and temp < 99.0°f
- Taking prescription NSAIDS or steroids and temp < 99.0°f

If Yes, provider must wear at minimum surgical mask through out shift, repeat screening in 12 hours. If symptoms worsen to RED, follow recommendations in that category

GREEN – NORMAL

- No symptoms
- Not taking NSAIDs, steroids or any other fever reducing medications
- Temp < 99.0°f

If symptoms develop during shift, repeat screening and follow category recommendations

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The CDC has recommendations for monitoring healthcare providers with potential exposures. Information can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Below is a guide for recommended monitoring.

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Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[b]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[b]	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

High Risk – a provider had prolonged exposure/close contact with patient with COVID-19. Provider was not wearing mask or other PPE. Exposed to patient actively coughing or present when aerosol generating procedures were performed.

Medium Risk – prolonged contact with patient with COVID-19, but patient was wearing mask and provider was not wearing mask or proper PPE.

Low Risk – Provider has brief interaction with a patient with COVID-19 or prolonged close contact with patient who were wearing facemask and provider was also wearing face mask.

Return to work guidance
Test-based

- Exclude from work until:
  - Resolution of fever without use of fever-reducing medications AND
  - Improvement in respiratory symptoms (e.g. cough, shortness of breath) AND
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of 2 negative specimens)

Non-Test based

- Excluded from work until:
  - At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without use of fever-reducing medications AND improvement in respiratory symptoms) AND
  - At least 10 days have passed since symptoms first appeared

Upon returning to work, providers should:

- Should be done in conjunction with primary care physician or occupational healthcare provider.

Social Media

Please refrain from telling citizens to call 911 if they think they have symptoms. 911 is meant for emergencies and not to have symptoms checked. If an agency wishes to do well being checks, please have citizens contact the station directly.

All information should come from CDC, IDPH or your local health department.

Misc. Items

- Tyvek suits may be worn in replacement of isolation gowns. Follow manufactures recommendations for decontamination of a Tyvek suit.
- PLEASE remain professional with patients and nursing staff. During these tense times, emotions and attitudes can get the best of us. This applies equally as well to ED staff. If you have concerns about any situations that occur, please fill out an incident report so that we may follow up with the situation.
- If a person contacts the station wanting to be tested, tell them to contact their primary health care provider for further information
- Continuing education classes may be cancelled in April, dependent on the situation. If classes are cancelled, we will offer online alternatives or we can reschedule in person classes in the future.

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Resources

- **211** – For social services. Recommend this number for people needing social services help
- **1-800-985-5990** – For those struggling with mental health issues during this time. That is the Substance Abuse and Mental Health Services Administration Hotline
- **833-673-5669** – OSF hotline for COVID-19
- **866-443-2584** – Advocate hotline for COVID-19
- **1-800-889-3931** – IDPH hotline for COVID-19