City of San Diego
Fire-Rescue/Lifeguard/AMR
COVID-19 Response and PPE Guidelines
UPDATES ARE HIGHLIGHTED

Scene Assessment

- Review ECDC screening notes on MDC
  - Calls may have notes that are critical for you to read prior to entry
  - ECDC is screening all 911 calls for: fever, cough, muscle aches, current COVID-19 diagnosis or close contact with somebody who has been diagnosed with COVID-19, and whether the patient is currently in quarantine or isolation.
- Access the scene on arrival for possible COVID-19 patients
- Stay a minimum of 6 feet away from patient(s) until COVID-19 assessment is complete
- Minimize crew commitment during assessment
- Notify DICO as soon as possible on a suspected COVID-19 patient(s)
  - Do not delay patient care to make notification

For all non-critical calls: send a scout EMS provider in to determine risk and advise the rest of the crew regarding need for PPE. If possible, perform initial information gathering from >6 feet away.

For calls where you anticipate the need for rapid life-saving intervention: personnel should be in higher level PPE in anticipation of an aerosol-generating procedure.

ALL patients requiring ANY aerosol-generating procedure (e.g., BVM, nebulized medications, suctioning, CPAP, King airway, intubation), PPE to include:

a. Gloves
b. Eye Protection (goggles or face shield are recommended and preferred if available)
c. **Respirator: N95 or N100**
d. Gown
e. Surgical Face Mask on Patient when possible
f. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air (when available)

All patients with COVID-19 risk factors, fever, AND/OR any respiratory symptoms, PPE to include:

a. Gloves
b. Eye Protection (goggles or face shield are preferred if available)
c. Respirator: N95 or N100 (Surgical Face Mask is acceptable if other masks are unavailable)
d. Surgical Face Mask on Patient
e. Gown if available (if supplies are low, save for patients requiring aerosol-generating procedures)

With all patients

a. Minimize number of personnel exposed to patients
b. Exercise social distancing as much as possible

c. If adequate supplies, surgical face mask on patient

It is critical that we maintain a supply of N95 or similar respirators for providers performing aerosol-generating procedures. When supplies are low, please do not use these respirators outside of the circumstances outlined above; this will maximize the safety of all of our personnel

Ambulance Transport

- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures (interns, students, and ride-alongs should not be involved in direct patient care)
- Notify the receiving facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival
- Keep the patient separated from other people as much as possible
- Family members and other contacts of patient(s) with possible COVID-19 should not ride in the ambulance
    - If required to ride in the ambulance, they must wear a facemask
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut, if possible
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area
    - Close the door/window between these compartments before bringing the patient on board
    - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle
    - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle
- If a vehicle without an isolated driver compartment must be used, the driver must open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area
- Driver not directly involved in patient care must wear an N100 mask while driving
- Driver directly involved in patient care must keep respirator on, but remove gown, gloves, and goggles before entering the driver compartment
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room)
- ePCR documentation should not be completed until patient care is complete and provider performing patient care has completed doffing of PPE and appropriate hand hygiene

Decontamination of Personnel

- Wash hands a minimum of 20 seconds with warm water and soap
    - If hand washing is not an option, use of hand sanitizer with at least 60% alcohol content is acceptable until proper hand washing is available

- Wash dirty uniform following normal laundry procedures (hot water with normal laundry detergent)
- Wash dirty turnout gear/reusable PPE per normal procedures
- Shower
- Change uniform
    - Have extra uniforms immediately available at station/quarters

N95/N100/P100 Re-Use Procedures

When PPE supplies for infection control are running low, the CDC provides recommendations to assist agencies with approaches to conserving supplies. Considering the unknown duration of this pandemic, the difficulties securing additional N95/N100/P100 respirators, and the comfort of personnel using a respirator more often than required, the following re-use policy for personnel shall apply:

Discard respirator if:

- Used during aerosol generating procedures (e.g., BVM, CPAP, CPR, Nebulized Treatment, Suction)
- Contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients
- Used within the 6 feet recommended distance on suspected patient
- Structural and functional integrity are compromised
    - Visibly soiled or damaged
    - Unable to easily breathe through the respirator
    - Band failure
- Respirator fails a user seal check (to be performed each time the mask is donned) as described at https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf

Re-use of respirator:

- Minimize potential cross-contamination by storing respirators so that they do not touch each other and the person using the respirator is clearly identified (write the user's name on the strap)
- If any part of the respirator other than the straps is touched, promptly clean hands with soap and water or an alcohol-based hand sanitizer
- Store used respirator in Department-provided containers (i.e., tin), not in the cab of apparatus
- Clean approved container regularly with approved disinfectant
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator

Decontamination of Equipment and Ambulance

- Decontaminate equipment with Husky 814 Q/T Tuberculocidal Spray Disinfectant per instruction for SARS-associated Coronavirus (Fire/LG)

- Decontaminate ambulance and ambulance equipment with McKesson Pro-Tech RTU (Ready to Use) Disinfectant Cleaner per instructions for SARS-associated Coronavirus (AMR)
- After transporting the patient, leave the rear doors of the ambulance open to allow for sufficient air changes to remove potentially infectious particles
    - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes
- When cleaning the vehicle and equipment used in patient care, personnel should wear a disposable gown and gloves
    - A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use
    - Doors should remain open when cleaning the vehicle
- All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using the products listed above
- Clean and disinfect reusable patient-care equipment before use on another patient, according to agency and manufacturer's instructions
- PPE worn by clinicians providing direct patient care and gurney sheets/blankets should be disposed of in a red biohazard bag. All other PPE and products used for cleaning/disinfecting may be disposed of in normal trash receptacles

Documentation of Patient Care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
    - Any written documentation should match the verbal communication given to the receiving facility at the time patient care was transferred
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care)
- Include the type of PPE used, when it was put on, and if there were any breaches
- The word COVID-19, suspected COVID-19, or rule out COVID-19 should be used in the ePCR narrative to help with later documentation searches
- Use the COVID-19 button on the ePRC to flag COVID-19 patients