

General Order



To: All Personnel
From: Shane Packer, EMS Captain
Date: 10 March 2020
Re: Interim Guidance for COVID-19 Responses

Effective immediately, the following order will take effect:

Exposure Risk Assessment and Management of Personnel

In an effort to minimize the number of exposed personnel, the potential quarantine of personnel and improve efforts to manage PPE inventory, a single unit response is recommended for COVID-19 incident responses. Hamilton County Communications Center is screening patient calls and notifying responding units of a potential COVID-19 incident. The single unit response will also occur for UNK22 Sick Person dispatches with additional information indicating symptoms relative to a potential COVID-19 case. This single unit response does not apply to the Springfield Township contract area.

Engine companies will only respond when necessary (e.g. prolonged medic unit response time, lift assist, updated patient information identifying the need for additional personnel). If an engine company does respond, the crew needs to minimize close contacts and exposures (only 1 person closely interacting with the patient when possible). When responding to ALS COVID-19 incidents, have the medic unit initiate patient contact to decide if the engine crew is needed for assistance. Crews identifying a potential COVID-19 case after patient contact need to don PPE and minimize the number of personnel in close contact of the patient. Notify the receiving hospital as soon as possible.

CDC Recommended PPE

All personnel providing patient care or entering a structure under suspicion of a COVID-19 case will wear a N95 mask, goggles, disposable gown and gloves. PPE will be donned prior to entering a structure and making patient contact. Place the patient on a N95 mask as soon as possible. The transporting crew needs to continue to wear all PPE until the crew transfers care of the patient.

CDC Exposure Definitions

Close Contact: for healthcare exposures is defined as follows: a) being within approximately 6 feet of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare setting); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

High Risk Exposure refers to personnel who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, nebulizer therapy,) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected.

Medium Risk Exposure: generally includes prolonged close contact with patients with COVID-19 where personnel mucous membranes or hands were exposed to material potentially infectious with COVID-19.

Low Risk Exposure: Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect personnel having prolonged close contact with patients infected with COVID-19. However, personnel in this category are classified as having *low-risk* to account for any inconsistencies in use or adherence that could result in unrecognized exposures.

Exposure Procedures (including disinfection)

High Risk Exposure: When a patient is transported without meeting CDC recommendations and/or is later identified as a COVID-19 case, the unit needs to be fully disinfected. This disinfection process includes the filter replacement of the unit's air filtration system. Fleet Services needs to be notified to complete the filter replacement. The shift commander needs to be notified of the exposure. The transporting crew needs to coordinate with the receiving facility for Public Health notification. A high risk exposure will likely result in the crew being placed on sick leave until further guidance is received from public health.

Medium and Low Risk Exposure: Standard department disinfection procedures while donning CDC recommended PPE. This includes leaving the doors open while completing the disinfection procedures. The shift commander needs to be notified of the exposure. The transporting crew needs to coordinate with the receiving facility for Public Health notification.

Medium and high risk exposures could potentially result in a Public Health mandated 14-day self-quarantine. If there is an early indication of a quarantine, the exposed personnel should limit their interactions when returning to quarters (e.g. have a non-exposed crewmember retrieve personal belonging from living quarters if being sent home).

Note: Examples of prolonged medic unit responses include incidents on East Miami River Rd. or Harrison Ave. when there is no first due medic unit available in district.

Example when the engine will not respond: In an effort to manage personnel and exposures, it is not beneficial for Engine 102 to first respond into the Yacht Club for COVID-19 related BLS incidents.