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# Prattville Fire Department

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## Memorandum

To: ALL PERSONNEL

Date: 3/30/2020

From: Michael Whaley, Deputy Chief

RE: Information shared on the Alabama Fire Chiefs ZOOM Meeting from BREMSS Medical Director, Will Ferguson, MD

### Transport of PUI/COVID-19 Patients

Just some help with the flow sheet put out by ADPH OEMS on March 16.

Remember per the ADPH OEMS Flow sheet, if you do not have on full, appropriate PPE and have patient contact with a PUI [PUI=Person Under Investigation] or confirmed COVID patient, there is a 14-day self-isolation (No work). And we need all of you right now!

Appropriate PPE should be defined by CDC, (see link below), but in short:

**ANY** patient with cough, viral illness symptoms, hypoxia, SOB, obviously travel outside the US, or any critically ill patient needing BVM or intubation should be a potential PUI (*especially as each hospital may have some slightly different interpretation of a PUI*).

### SO:

For any patient with viral symptoms, place a surgical mask on the patient and yourself. Everyone else should be 6 feet away from the patient unless needed for patient care. But, if doing patient care, or closer than 6 feet, you need a mask (*Surgical is fine*). This alone will limit most risk per CDC and keep the crew in the low risk exposure category (*And crew will not have to be pulled from work*). They can continue to work with delegated supervision (*self-monitor per agency plan, i.e., some places do temp checks, some just having employee notify supervisor if ill, fever, cough, SOB, etc. (No mandate by ADPH OEMS on how you do this)*).

Obviously if having to make close contact with patient, moving, providing additional care, procedures, you can consider adding goggles, gown, and N95 if available (not required).

However, if the patient is not wearing a mask, you **MUST add goggles** to keep this exposure categorized as low risk. Otherwise, crews will have to self-isolate at home for the 14 days after contact, if patient is classified by hospital as PUI.

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*If performing any nebulizer treatments, CPAP, BVM or intubation, you must add goggles, N95 and gown (if no gown available or an alternative, you should change clothes post patient contact). Otherwise you are med/high risk exposure and meet guidelines to be pulled from work to self-isolate by the flowsheet.*

*(So, avoid nebs, CPAP if able, but if you have to, use appropriate PPE and notify hospital before entering ED.)*

Lastly, remember that each hospital may have different PPE rules, criteria for identifying a PUI, and other requests that we cannot control. Please be accommodating within reason.

### **Tips:**

Avoid high flow oxygen if able, but if patient needs it, try and put surgical mask over the NRB mask.

Place a surgical mask over nasal cannulas if you can.

If needed, consider doing nebs on scene and avoid doing in the ambulance if you can.

Give pertinent report to hospital before you enter, as you always do, but especially notify them of concerns for PUI and if giving O2, nebs or other high risk of transmission procedure.

Also, we are screening all STEMI/Stroke/Trauma System entries for COVID as well. Be prepared to say “Yes” if you are concerned for viral illness, “No”, or “Unable to determine” when you call ATCC to enter patients.

**Remember, if EMSP encounter any COVID-19 related issues they can be connected to an ADPH OEMS on-call physician by calling ATCC. This is optional, not required, for each COVID-19 related call.**

### **STAY SAFE! Reach out with questions.....**

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - o Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
  - o Eye protection, gown, and gloves continue to be recommended.

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- 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 to the hands and clothing of HCP.

o When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

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

*NOTE: This document is not intended to be legal advice. It does not identify all the issues surrounding the particular topic. Public agencies are encouraged to review their procedures with an expert or an attorney who is knowledgeable about the topic. Reliance on this information is at the sole risk of the user.*