

## Self-Monitoring

We ask that you and your family take your temperature twice daily and monitor for the onset of respiratory symptoms, specifically cough and shortness of breath, and a fever over **99.5** degrees. If you or anyone in your household have those symptoms, you may not come to work.

- Thermometers are available for you to take your temperature at the beginning of your shift
- This applies for all crew members (staff, students, etc.)
- **Green wrist bands – Medic 93 staff should utilize the Green Wristband process being used in Chester County**

## Patient Screening

- If dispatch advises of possible respiratory illness or suspected/confirmed COVID19 case, then don PPE prior to entering the scene - Place a surgical mask on the patient upon contact
- For all other patients, **regardless of complaint or injury**, begin to screen them 6 feet away unless there is a need for immediate intervention (i.e. CPR, ventilation, bleeding control) and screen the patient
  - **Enhanced Droplet and Contact screening tool:**
    - If patient has a fever or symptoms of acute respiratory illness (I.e. cough, SOB)  
And at least one of the following risk factors:
      - Close contact with a confirmed COVID-19 case
      - Any international travel in the last 14 days
      - Domestic travel to highly affected areas especially mass gatherings
      - Resides in congregate care settings (e.g., skilled nursing facilities, long term care facilities)
      - Is a healthcare worker
      - Is presenting with progressive acute respiratory illness with no apparent cause
- **Source Control:** All patients with symptoms of acute respiratory illness should have a surgical mask placed on them regardless of the results of this screening tool

## Hand Hygiene

Every crew member should use hand sanitizer or wash their hands in the following situations

- Before treating a patient
  - While responding to the 911 call or before entering the patient room for a transfer
- Immediately after removing gloves
- Between treating different patients
- After treating a patient
  - Both for the time being (I.e. to drive the vehicle) and at the end of patient contact (I.e. refusal or transfer of care)
- After removing PPE including masks

## **PPE**

- Each crew member will be issued one surgical mask per shift to use the entire shift
- All crew members will wear a surgical mask during all patient contacts and anytime they are in a patient care area (i.e. ED, inpatient unit, skill nursing facility, etc.)
  - Remove the mask when in public spaces unless you are with a patient (i.e. hallways, convenience stores, etc.)
  - When the mask is removed, place into a paper bag that will be provided
  - If the mask becomes wet or visibly contaminated, discard and obtain a new mask
- If a patient is a suspected/confirmed COVID19 case or has screened positive using the Enhanced Droplet and Contact screening tool, all crew members should don PPE prior to entering the scene or getting within 6 feet of the patient (unless then need immediate intervention - i.e. CPR, ventilation, bleeding control)
  - N95 mask
  - Eye protection
  - Gloves
  - Isolation gown
- Driver
  - Remove PPE (except for the N95 mask) and use hand sanitizer before entering the cab
  - Close the door/window to the patient compartment
- N95 mask reuse
  - If you end up using an N95 mask you should keep it to reuse for 24 hours
- **Mask removal, storage and reuse of both surgical type mask and N95 mask:**
  - Care must be taken to not touch the outside of the mask or respirator. When removing it, you should do so by grasping the ear loops or straps, not the mask portion.
  - Place the mask into the paper bag provided taking care to keep the external side (patient facing) on a single surface in the bag; Close the bag and mark name and date on the side of the bag that the external (patient facing) side of mask is facing.
  - Use approved hand hygiene immediately following removal.
  - When reapplying mask:
    - Remove from the bag, noting the external surface (patient facing); Reuse paper bag for remainder of the shift. Change the bag at the end of the shift.
    - **Surgical/Procedural Mask:**
      - Grasp by ear loops or tabs, not mask portion; reapply taking care to not touch mask's patient facing side.
      - Immediately use appropriate hand hygiene.
  - **N95:**
    - Apply mask as above.
    - Don gloves and perform a "seal test" to assure good seal.
    - Remove gloves and perform hand hygiene.

## **Equipment and Vehicle Cleaning and Decontamination**

### Daily Cleaning

- Every 12 hours every vehicle and piece of equipment should be cleaned using the attached checklist
  - Unless the vehicle or equipment is marked out of service and was cleaned since being taken out of service
- Every 12 hours for crew office/quarters should be cleaned using the attached checklist

### Decontamination

- After every patient contact:
  - Clean all equipment that was used:
    - Medical – I.e. monitor, BP cuff, O2 bottle, stethoscopes, stretcher, etc.
    - Operational – i.e. radios, cell phones, pens, etc.
    - Vehicle – I.e. all high touch areas in addition to those touched by the crew, patient or other persons (i.e. bench seat, door handles, steering wheel, radios, switches, etc.)
- When cleaning after contact with a suspected/confirmed COVID19 case or has screened positive using the Enhanced Droplet and Contact screening tool:
  - Leave the back doors of the ambulance open during transfer of care
  - Wear a disposable gown and gloves, a face shield or facemask and goggles to decon

## **Transport**

When transporting a patient that is a suspected/confirmed COVID19 case or has screened positive using the Enhanced Droplet and Contact screening tool:

- Limit the number of providers in the patient compartment to essential personnel to minimize possible exposures
- Close the walkthrough door/window to the front compartment
- Use the exhaust fan and have the rear HVAC unit running
  - Limit non-crew members riding in the ambulance - friends/family should only ride in the ambulance under the following situations:
    - Parent/guardian of the patient
    - End of life situations
    - Partner/coach for a patient in labor

**Aerosol-Generating Procedures** (I.e. BVM ventilation, oral suctioning, endotracheal intubation, nebulizer treatment, CPAP/biPAP, CPR)

- Consider contacting Medical Command prior to performing an aerosol-generating procedure if possible
- Attempt to avoid aerosol-generating procedures in the back of a closed ambulance
- Ensure all crew members are wearing N95 masks
- Keep the patient separated from other people as much as possible
- Discontinue **nebulizer treatment, CPAP/biPAP**, prior to entering the receiving facility (to avoid contamination)
- See the attached 'COVID19 Airway Procedure Guidelines' from our Medical Directors

**Communications**

When transporting a suspected/confirmed COVID19 case or a patient that has screened positive using the Enhanced Droplet and Contact screening tool, advise the receiving ED/unit ASAP

- Follow any special arrival instructions

**Quarantine**

Due to the community transmission in our areas Tower Health is no longer quarantining essential health care workers who are asymptomatic.

- Staff will be monitored for fever and symptoms at least twice a day, one of which will be prior to starting the work shift.
- If you develop a fever or respiratory symptoms while at work, you should don a procedure mask (if not already wearing one), contact Employee Health, and your manager.
- If you develop a fever or respiratory symptoms while at home, you should stay home and contact Employee Health, your manager and your Primary Care Provider (PCP) for initial medical evaluation by phone.

**Contact Reporting**

Due to the current community transmission we are no longer tracking contacts with COVID-19 patients. If you are exposed to a confirmed COVID-19 patient without proper PPE, please contact your Employee Health.