High Consequence Pathogens I COVID-19

Prior to Patient Contact for a Suspected High Consequence Pathogen Patient

Don Appropriate PPE for

- **Airborne Precautions**[1]
- **Contact Precautions**[2]
- **Droplet Precautions**[3]
- **All-Hazard Precautions**[4]

If PPE is limited, both the patient and the attending EMS clinicians should at least don a face mask as a minimum precaution

Attending EMS clinicians should additionally don gloves prior to patient contact

Assess the Following Criteria

Signs and Symptoms Screening Criteria

1. Does the patient have a fever ≥ 100.4°F?
2. Does the patient have symptoms of respiratory illness (flu-like symptoms, cough, or difficulty breathing)?

NO → If All Assessments Are Negative **Refer to: Routine Medical Care**

YES to Either

Ensure the patient and EMS clinician are wearing a facemask

Exposure Screening Criteria

3. In the last 14 days prior to symptom onset, has the patient traveled from an area with confirmed community transmission?
4. In the last 14 days prior to symptom onset, has the patient come into close contact with a PUI (patient under investigation), someone who is being monitored for, or who has had a confirmed positive test for **Coronavirus** or **COVID-19?**

NO → If All Assessments Are Negative **Refer to: Routine Medical Care**

YES to Either

Positive COVID-19 Screening

For Patients with a Positive COVID-19 Screening

- **Alert the Communications Center of COVID-19 PUI Activation**
- **Minimize patient exposure to essential EMS clinicians**
- **Limit aerosol generating procedures for life-saving interventions**[5]
- **Document positive findings criteria and relevant hx in the PCR**
- **Alert the receiving facility of a COVID-19 PUI Activation**

Utilize the COVID-19 Screening Tool on All Patients with the Following Complaints

- Breathing problem
- Cough
- Fever
- Flu-like symptoms
- Respiratory illness
- Sick person

Family members may be asked to assist in placing a facemask on the patient prior to EMS clinician contact

High Consequence Pathogens I COVID-19

When available, the below referenced PPE is recommended to limit exposure:

[1]**Airborne Precautions:** Standard PPE with fit-tested N95 mask (or PAPR respirator) and utilization of a gown, change of gloves after every patient contact, and strict hand washing precautions. This level is utilized with aspergillus, tuberculosis, measles (rubeola), chickenpox (varicella-zoster), smallpox, influenza, rhinovirus, norovirus, rotavirus, or zoster (shingles).

[2]**Contact Precautions:** Standard PPE with utilization of a gown, change of gloves after every patient contact, and strict hand. washing precautions. This level is utilized with GI complaints, blood or body fluids, C. diff, scabies, wound and skin infections, MRSA. Clostridium difficile (C. diff) is not inactivated by alcohol-based cleaners and washing with soap and water is indicated. [3]**Droplet Precautions:** Standard PPE plus a standard surgical mask for providers who accompany patients in the treatment compartment and a surgical mask or NRB **0 ₂** mask for the patient. This level is utilized when influenza, meningitis, mumps, streptococcal pharyngitis, pertussis, adenovirus, rhinovirus, SARS, and undiagnosed rashes.

[4]**AII-Hazards Precautions:** Standard PPE plus airborne precautions plus contact precautions. This level is utilized during the initial phases of an outbreak when the etiology of the infection is unknown or when the causative agent is found to be highly contagious (e.g., SARS, MERS-CoV, COVID-19).

5Limit aerosol generating procedures for life-saving interventions such as CPAP, nebulizer therapy, BVM ventilation, and suctioning. Use appropriate exhalation filters if available. Utilize an NRB mask for 02 therapy if needed.

Invasive Procedures

- If invasive procedures are necessary for life-saving interventions, clinicians should do all available and applicable PPE.
- Utilize techniques and procedures that minimize exposure to droplets or aerosolizing material, when possible, especially during airway management.

Transporting Clinicians

Driving Clinician

- Should wear full PPE as described when caring for patient.
- Remove all PPE, except N95 mask (or higher) or PAPR, and perform hand hygiene prior to entering cab of vehicle to prevent contamination of driver's compartment.
- Close the window between the patient compartment and the cab of the transporting unit if possible.
- Do not allow family members to ride in the cab to limit possible cross contamination.

Attending Clinician(s)

- Create negative pressure environment in patient compartment by engaging the exhaust fan if available.
- If no door or window is available to separate the cab and the patient compartment space, open the outside air vent in the driver's compartment and set the rear exhaust fan to full. Set the vehicle's ventilation system to non-recirculating to bring in maximum outside air.
- Ensure use of all available and appropriate PPE is utilized if aerosolizing procedures are employed.

Maintain Records

- Document all prehospital providers who were in the room with the patient at the scene and who were in ambulance during transport (self-monitoring for symptoms for 14 days is recommended, even if wearing appropriate PPE).
- This does not mean the providers can no longer work.
- If all prehospital provider names (students, observers, supervisors, first response, etc.) are listed in the patient care report, then this is a sufficient record.
- Document the level of PPE worn with each patient encounter.

Equipment and Transport Unit Decontamination

- Follow standard operating procedures for the containment and disposal of regulated medical waste.
- Follow standard operating procedures for containing and reprocessing used linen.
- Removing soiled linen from the vehicle. Avoid shaking the linen.
- Clean and disinfect the vehicle in accordance with agency standard operating procedures.
- Personnel performing the cleaning should wear a disposable gown and gloves (a respirator should not be needed) during the clean-up process; the PPE should be discarded after use.
- 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 an **EPA- registered disinfectant** appropriate for SARS, MERS-CoV, or coronavirus in healthcare settings in accordance with manufacturer's recommendations.

Cleaning / Disinfection with Clorox total 360

Protect your facility with a revolutionary proven system that helps reduce pathogens like never before. It pairs an innovative electrostatic sprayer with Total 360® Disinfectant Cleaner$_1$, Spore Defense™ Cleaner Disinfectant and Anywhere® Daily Disinfectant & Sanitizer to deliver superior coverage in an efficient, cost-effective way. Keep your facility healthier while saving time, money and labor.

1. Clean gross filth using normal cleaning protocols.
2. Close area to the public by placing "cleaning in progress" sign outside room or on rearview mirror of unit.
3. Mount desired Clorox solution on cart with opening facing dispensing tubes and connect dispensing cap to bottle.
4. Plug in the machine and turn on base unit. A blue indicator light will illuminate the "on" button to indicate the device is on.
5. The use of fully enclosed eyewear protection, such as goggles, is recommended when using the device.
6. Press the sprayer button once to initiate spraying. Press once to stop flow of sprayer.
7. In order to prime or purge the clorox total 360 sprayer, point the sprayer into a corner, container or drain, and then depress the trigger. Spray the Clorox total 360 sprayer for 20 seconds to generate a steady flow of solution or to completely purge the system of previously used solution.
8. Spray desired surfaces using a slow, sweeping motion until surfaces are covered with product.
9. Turn off base unit, unplug. Wrap cord and clip sprayer onto cart handle.
10. Reopen the area.

Cleaning / Disinfection with UV Light

Ultraviolet disinfection light is also called ultraviolet sterilization light, is a kind of light which uses the sterilization effect of ultraviolet to sterilize. The efficiency of sterilization and disinfection can reach more than 99%. So it has high practical value, such as purifying air and eliminating mildew and it is widely used in hospitals, schools, industries, families, especially closed space such as shoe cabinet, wardrobe, cabinet, basement, etc.

Notes for use of ultraviolet disinfection light

1. When using ultraviolet disinfection, people, animals and plants must be evacuated from the site.
2. Do not look directly at the lighted disinfectant light.
3. Note the relationship between UV intensity and space size. Usually, 1.5W ultraviolet germicidal light is needed for every cubic meter of space. Users can choose the corresponding power of the germicidal lamp according to the actual situation at home.
4. When using ultraviolet disinfection light, it is necessary to keep the environment clean. There shall be no dust and water mist in the air. When the indoor temperature is lower than 20 ℃ or the relative humidity is more than 50%, the exposure time shall be extended. After scrubbing the ground, it is necessary to wait for the ground to dry before disinfecting with ultraviolet lamp.
5. After disinfection, please remember to open the door for ventilation for 20-30 minutes before entering the room. If you need to use the disinfection lamp with ozone, please continue to close the door and wait for about 30 minutes after use, and then open the door and ventilate for 40 minutes before entering.
6. In case of no use, it is necessary to unplug the power supply to prevent unnecessary injury caused by careless opening of touch switch.
7. Keep the surface of UV disinfection lamp clean. Generally, wipe it with alcohol cotton ball once every two weeks. If there is ash layer and oil stain on the surface of lamp, wipe it at any time to ensure the radiation intensity of UV.