



Department of Public Safety
Office of the EMS Medical Director

Monroe County, New York

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COVID-19 FAQ's for EMS/Fire/Law Enforcement

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NEW ITEMS / UPDATES SINCE 3/14

- PPE
- Assessing and Transporting Patients
- Personnel Staffing
- Exposure and Exposure Reporting
- Cleaning and Disinfection
- Training
- Riders on the ambulance
- Responder self-screening
- Responders returning from overseas/cruise travel

Personal Protective Equipment

- 1) PPE Recommendations
 - a. Wear gloves on ALL patient encounters
 - b. Wear eye protection on ALL patient encounters
 - c. Wear a surgical mask on ALL patient encounters for any illness (medical) related complaint or anyone with cough, sore throat, fever, fatigue, malaise, not feeling well, etc.
 - d. Wear an N95 mask and gown for ANY patient encounter that results in aerosolization such as nebulizer use, CPAP, or intubation.
 - i. Gowns are only necessary for aerosolized procedures
 - e. WASH your hands frequently and after every patient encounter
 - f. Don't touch your face, mouth, eyes
 - g. Guidance available at <https://www.mlrems.org/GetFile.aspx?fileID=25919> (NEW 3/16)
- 2) What do I do with my PPE after patient contact?
 - a. Dispose of PPE in a red biohazard bag.
 - b. Dispose of the biohazard bag when full.
 - c. Do not reuse PPE after taking care of a patient with suspected COVID.
 - d. Your clothes do not need to be removed unless soiled with blood/bodily fluids.
- 3) What about using masks with face shields, are they acceptable? (NEW 3/16)
 - a. Wrap-around eye protection or goggles are ideal. If not available, shields can be used EXCEPT in cases of aerosol-generating procedures where wraparound eye protection is required.
- 4) Can I reuse goggles or safety glasses? (NEW 3/16)
 - a. Yes. Goggles and safety glasses can be reused PROVIDED they are disinfected using an EPA approved disinfectant between use. See below on disinfection procedures.



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- 5) Where can my department get supplies such as PPE (masks, face shields, gowns), hand sanitizer, etc?
 - a. Email item request, quantity requested, requestor, requestor contact information (both phone and email) to COVID19@monroecounty.gov
 - b. Your request will be processed and the requestor will be contacted regarding request fulfillment.
- 6) How do I properly don and doff PPE? **(NEW 3/16)**
 - a. A guide to use, donning and doffing can be found at <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>
- 7) Will hospitals and Emergency Departments resupply PPE? **(NEW 3/16)**
 - a. No. Hospitals have specific allocations.
 - b. All PPE replacement is the responsibility of the agency. As the Agency depletes its resources follow the above procedure for obtaining supplies.

Dispatch and Response

- 1) Will all COVID-19 patients be coded under the 36 card?
 - a. No. Use of the 36 Card (Pandemic Influenza) helps to limit the number of personnel being dispatched to patients self-identifying with flu-like symptoms. Similarly, the 33 Card (Interfacility Transport) is used when the patient was assessed by a healthcare provider. The use of this card also helps to limit the number of personnel being potentially on scene. Importantly, if the patient is being transported to "test for coronavirus" or similar after being assessed by a healthcare provider, it will be coded on the 33 card.
 - b. Understand that EMD coding is never perfect as it is highly dependent on the information the caller provides. Although we are making use of the 33 and 36 cards to minimize the number of responders and resources to these requests for service, it remains critical that ALL patients are screened from >6 feet as to fever or respiratory symptoms. As any call, regardless of coding, could potentially have patients with symptoms warranting proper PPE.
- 2) Are premise warnings still being used and what do I do if I respond to a location with a premise warning?
 - a. Yes, premise warnings are still being used to identify individuals under home quarantine or isolation as requested or required by the County Health Department.
 - b. The responder prior to entry should don gloves and respiratory PPE, then once six feet away from the individual, offer a surgical mask to them regardless of symptoms.
- 3) What calls are Fire Departments responding on?
 - a. Fire departments are **no longer** responding on all 26 (Sick Person), 33 (Interfacility), and 36 (Pandemic Influenza) calls for service except those that are cardiac/respiratory arrest.



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- b. Many fire departments are restricting their responses to large occupancy dwellings for all but critical patients. This is a department by department decision and has the support of Dr. Cushman – contact him directly with any questions.
 - c. Additional call types will be restricted as community spread continues.
- 4) I have a patient and need Fire Department resources but they have an illness, can I still call for them?
- a. Yes. Although we should minimize the number of personnel on scene, if patient care requires additional personnel, they should be requested. Follow-on responders must be advised prior to making patient contact to don appropriate PPE.
- 5) What calls should law enforcement be responding on?
- a. Law Enforcement should consider advising, and not responding, to all medical calls for service, unless there is information on the job that indicates a crime, injury, abuse/neglect, or a safety concern.
 - b. This is at the jurisdiction’s discretion and will not be done automatically by ECD
- 6) What about law enforcement transporting Individuals in a patrol vehicle?
- a. Any individual being transported in a patrol vehicle should have a surgical mask placed on them prior to placement in the vehicle.
 - b. If the individual cannot or is noncompliant with wearing a mask, the officer/deputy should wear any available mask (surgical or N95).
 - c. If the individual is being released, the mask can be removed when they exit the vehicle and be disposed of ideally in a red biohazard bag.
 - d. If the individual is being transported to Central Booking at the Monroe County Jail, the mask should be left in place until screened by Jail medical staff.
- 7) What is being done about call volume and “unnecessary” 911 calls for EMS?
- a. Discussions are ongoing to shunt certain 911 calls to a nurse information line, develop and implement a treat-in-place program and consider alternative destination. More information to follow.
- 8) What about “riders” in the ambulance? **(UPDATED 3/16)**
- a. Ambulances may not allow family members/others in the cab space of an ambulance.
 - b. Only minors should have a family member/care provider in the patient compartment and should have a surgical mask in place regardless of symptoms.
 - c. No other visitors/guests as all area ED’s will not allow them entry.



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- 9) What about Paramedic and EMT students or explorers riding as an “extra”?
 - a. EMT and Paramedic programs have suspended their hospital and field clinical programs as of Sunday March 15.
 - b. Departments should not allow any observers, explorers, or shadowers.
- 10) Are there any other resources that are changing as a result of this event? **(NEW 3/16)**
 - a. The Mobile Stroke Unit has been taken offline and no longer available due to staffing and community resource need.

Assessing and Transporting Patients

- 1) How do I assess patients?
 - a. All patients should be assessed from at least 6 feet away for fever, cough, shortness of breath, generalized illness, or any cold/flu related complaint. If any of these are present, the responder should immediately don a surgical or N95 mask and eye protection along with exam gloves prior to making patient contact.
 - b. If available, don a gown. If clinically appropriate, place a surgical mask on the patient and render appropriate care per existing guidelines.
 - c. Make every attempt to minimize the number of responders making direct patient contact with someone with fever and/or signs of an infectious illness.
- 2) What do I do after **EVERY** patient encounter?
 - a. After every patient encounter, or after transfer of patient care, doff and properly dispose of PPE.
 - b. Use hand sanitizer prior to getting back into vehicles/apparatus.
 - c. Wash hands when water/soap available.
 - d. Wipe down all patient care surfaces with disinfectant after each use.
- 3) What is source patient control?
 - a. Source patient control refers to placing a surgical mask on a patient with symptoms that could be related to COVID-19, such as cough, sore throat, fever, fatigue, malaise, not feeling well, cold or flu symptoms, etc. This is a critical component of protecting responders and others.
- 4) What do I do for a pediatric patient? **(NEW 3/16)**
 - a. A pediatric patient, of any age, with cough, cold, flu, or other respiratory symptoms should have source control and if not possible, make sure responders have appropriate PPE. Although its unlikely the pediatric patient will have COVID-19 as the source of their illness, the role of children in transmitting the virus is still unknown.



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- 5) Where should I transport a potential COVID-19 patient?
 - a. Any area hospital is capable of receiving a potential COVID-19 patient. The patient should go to the hospital based upon their preference or specific specialty center needs (eg trauma, cardiac, etc), although Strong West should only receive patients with mild symptoms to help minimize the need for secondary transfer.

- 6) What do I do with a patient I suspect has COVID on hospital arrival?
 - a. As above, implement source patient control and don appropriate PPE.
 - b. Patients being transported to area Emergency Departments with fever, cough, or symptoms concerning for infectious illness should have a surgical mask placed prior to reaching EMS Triage (Source Control).
 - c. Patients with a mask in place can proceed directly to EMS triage. Pre-notify hospital according to existing (Non-COVID19) procedures.
 - d. Patients that cannot wear a mask due to facial features or clinical conditions (respiratory distress, etc) must have prehospital notification prior to arrival and in most cases will be directed to the decontamination area through the exterior entrance to minimize exposure to others in triage. Do not enter EMS triage with a potentially infectious patient unless masked or otherwise directed by the receiving facility.

- 7) What do I do about aerosol-generating procedures such as nebulizer administration, CPAP, Intubation, or BVM use? **(NEW 3/16)**
 - a. Determine the clinical necessity of nebulizer administration given the patient's presentation. If possible, defer or consult with medical control before using nebulizers.
 - b. An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other recommended PPE.
 - c. EMS clinicians should wear ALL recommended PPE (N95 mask, eye protection, gown, and gloves) when performing ANY aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)).
 - d. If possible, BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
 - e. EMS organizations using ventilators should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
 - f. At this time we are not moving to Albuterol MDI with spacers.
 - g. This guidance may change as there are changing recommendations given greater understanding of transmission.



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Exposure Assessment (ALL UPDATED 3/16)

- 1) What constitutes an exposure to someone with COVID-19?
 - a. Proximate contact, and thus an exposure, is defined as:
 - i. Not having appropriate PPE and being within approximately 6 feet, of a person confirmed 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 room); or
 - ii. Not having appropriate PPE and having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - b. Close contact is NOT being more than a few minutes in the patient's room without having direct contact with the patient or their secretions/excretions regardless of wearing PPE or not.
- 2) A crew wears appropriate PPE for a patient with symptoms, the patient has not been diagnosed with COVID-19 at that point, what should the crew do?
 - a. This is not considered an exposure.
 - b. There is no need to notify.
 - c. Ideally, providers should document what PPE was used during the encounter – this will help quickly screen for exposure risk should the patient become COVID positive.
- 3) What, if any, is the expected follow-up and notification chain by a hospital or the Monroe County Department of Public Health (MCDPH) if a patient is found COVID-19 positive?
 - a. As of 3/16/20, if a patient is found COVID-19 positive, a hospital will notify the Monroe County Department of Public Health. MCDPH will contact the EMS Medical Director who will contact the agency, identify whether or not an exposure has occurred, and determine if quarantine is necessary.
 - b. Agencies should identify a primary Point of Contact and determine internally within the agency what notifications need to be made within the agency.
 - c. The agency will need to identify and notify the staff.
 - d. If quarantine is necessary:
 - i. The agency will need to provide the name, date of birth, address, and contact phone number of the staff affected to the EMS Medical Director.
 - ii. Information will be shared only with the MCDPH.
 - iii. The EMS Medical Director will provide quarantine guidance.
 - iv. In most cases, the health department may not contact the responder directly as they are expected to self-monitor.
 - e. There are no notifications required beyond your Agency, County, State, CDC.
 - f. These processes will change as local testing expands and local cases increase.
- 4) Crew wears appropriate PPE for a PUI who is under surveillance/quarantine and now the crew member has worsening symptoms. What do they do?
 - a. The crew/member should not report to work.
 - b. They should call their PCP or the state hotline and heed their guidance.



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- c. They should contact their supervisor.
 - d. No notifies of County, State, Bureau of EMS are necessary.
- 5) Some breakdown in the chain of protection occurs: Crew fails to wear PPE or failure of PPE in a suspicious patient, trauma patient or no suspicion patient. What do they do?
- a. The crew should self-monitor.
 - b. No notifies of County, State, Bureau of EMS are necessary.
- 6) Are there any considerations for testing of public safety personnel?
- a. We are working on a process for rapidly testing of public safety personnel that are symptomatic from COVID-19.
- 7) I have been quarantined due to exposure or possible exposure to COVID-19. What happens next?
- a. Quarantine is being done at home unless you become acutely ill.
 - b. Quarantine is currently 14 days from the time of exposure.
- 8) Where can someone be quarantined?
- a. An individual can be quarantined in nearly any location where they can sleep, use a bathroom, and eat while avoiding direct, close contact with other, non-quarantined persons.
 - b. Specific guidance from the MCDPH will be forthcoming and shared.
- 9) I have been exposed, can I be tested and cleared for duty?
- a. Unfortunately, no.
 - b. The window to get an effective test begins with symptoms.
 - c. Everything we know about COVID-19 suggests that an early test is likely to yield a false negative – that is, the test is unlikely to be positive until the time the person develops symptoms.
 - d. Bottom line is there is no safe way to release someone once they are exposed to a confirmed positive case until they are past the incubation period of 14 days. This reinforces the critical importance of PPE.
 - e. As of 3/16/2020, the NYSDOH has confirmed this practice: quarantine for 14 days and test only if and when there are symptoms.
- 10) I have been exposed, and I had symptoms. If I test negative, can I return to work?
- a. Unfortunately, no. Just because you test negative on day 5, does not mean that you won't develop it up to day 14.

Cleaning and Disinfection

- 1) What steps should I take to disinfect or clean?
 - a. Assure daily cleaning and disinfecting of stations, hard surfaces, bathrooms, etc.
 - b. Assure the interiors of all response vehicles are wiped down and cleaned after each shift OR after care for a patient with suspected illness.



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- c. Special attention should be paid to the driver area and all touched surfaces (radio, MDT, light/siren controls, etc) as well as patient care areas.
 - d. The EPA Maintains a list of products effective against COVID-19 at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- 2) How long do I have to wait until after cleaning surfaces before using them or caring for a patient?
 - a. There is **no waiting period after cleaning the surfaces and return to service**. Only gloves are needed to perform cleaning.
 - 3) A quick reference document on decontamination of an ambulance is forthcoming. **(NEW 3/16)**
 - 4) What steps do I take if I have with symptoms in my patrol car? **(NEW 3/16)**
 - a. After someone has been in the patrol car, open all doors and leave open for 5 minutes.
 - b. Wipe down all contact surfaces with disinfectant.
 - c. There is no waiting period after cleaning surfaces and returning to service.
 - d. Patrol car surfaces should be wiped down at end of shift to help reduce risk.

Meetings, Training, and Staffing

- 1) What should I do for meetings and trainings?
 - a. Cancel or eliminate community outreach programs such as safety courses, fire prevention programs, etc that engage schools, group homes, high occupancy dwellings, churches, etc.
 - b. Cancel or eliminate banquets, conferences, and meetings with more than 50 attendees
 - c. Perform only essential training, and when doing so, limit training to small groups whenever possible and follow social distancing guidelines.
- 2) What about training at the PSTF? **(NEW 3/16)**
 - a. All training at the PSTF is cancelled until further notice. The PSTF will be closed and secured except for personnel directly involved in the emergency response effort to COVID-19. The start of future training is currently unknown.
- 3) Should I change my personnel staffing? **(NEW 3/16)**
 - a. Given that responders should be wearing PPE as directed, and we are now in a period of community spread, one of our greatest risks is just that: community spread. Particularly for emergency services, keeping groups/stations/personnel together helps cohort that group. This way in case one of them gets sick from either an occupational or community exposure and subsequently exposes others, it limits the exposure to just that group/station. For that reason, whenever possible minimize personnel floating/swapping from group to group or station to station. We understand the effects on staffing, however at the same time a single individual who becomes ill having worked with different stations or groups during a time of infectivity could very well result in far more than just one individual or group going into quarantine.



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- 4) What do I do about personnel whose EMS Certification is about to expire? **(NEW 3/16)**
- While we await documentation from the state, individuals should make every effort to complete their recertification using on-line means, even if the agency is not participating in fully on-line CME content.
 - Should the individual not be able to recertify despite documentation of all efforts to do so, Dr. Cushman supports their continued practice at their level of certification during this declared Public Health Emergency until such time as the Bureau provides additional guidance.

Responder/Employee Health

- 1) What symptoms should my responders be looking for?
- All responders should be self-monitoring for fever, cough, sore throat, or body aches.
 - Although it is not required, some departments may choose to have employees check their temperature prior to duty. Temperatures greater than 100.0°F are abnormal and the employee should return home and reassess for additional symptoms.
 - A resource for temperature and self-screen is available at **(NEW 3/16)**
<https://www.mlrems.org/GetFile.aspx?fileID=25930>
- 2) If one of my responders is exhibiting symptoms, what do I do?
- Have the responder self-quarantine at home, or if at work, go home.
 - Have the responder contact their healthcare provider (personal or through occupational health) for assessment and guidance.
 - Do not allow the responder to report for work.
 - Have them call their supervisor or follow internal agency reporting processes.
 - At this time, this does not require reporting to the local Health Department, nor is there a centralized assessment program for Public Safety personnel. Further resources are being explored to address this for symptomatic individuals.
- 3) I have a responder that just returned from a Level 2 or Level 3 overseas travel country or cruise. Should they come to work? **(NEW 3/16)**
- At this time, they should home quarantine for 14 days from the time leaving that country/cruise.
 - Domestic travel, at this time, does not require quarantine.
 - All travelers, just like all locals, must monitor for symptoms regardless of quarantine status.

Additional Information

These FAQs, all associated documents, and links to CDC resources can also be found at:

<https://www.mlrems.org/provider/covid-response/>