

COUNTY OF SUFFOLK



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SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HEALTH SERVICES

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Commissioner

TO: All EMS Providers and Firefighters in Suffolk County
All Ambulance Services and Fire Departments in Suffolk County

FROM: Nathaniel Bialek, BS, EMT-P, CIC, CCHP *NB*
Director, EMS & Public Health
Emergency Preparedness

DATE: March 15, 2020

RE: COVID-19 SITUATIONAL AWARENESS UPDATE

The Suffolk County Department of Health Services, Division of Emergency Medical Services (EMS) and Division of Public Health, in conjunction with Suffolk County Fire, Rescue, and Emergency Services and the Suffolk County EMS Director, has developed this situational awareness document for members of the EMS and fire community.

We apologize for the length of this update but this an effort to maintain up-to-date situational awareness on this ever-changing event. We have divided this advisory into seven (7) sections:

- 1) Local update;
- 2) General Recommendations;
- 3) Response and PPE recommendations;
- 4) Donning and Doffing PPE;
- 5) Recommended decontamination procedures;
- 6) Shortage and resource requests;
- 7) Upcoming weekly phone calls for EMS and Fire leadership;

Local Update

As of March 14, 2020, the New York State Department of Health reports that there are 613 cases of COVID-19 state-wide, and currently forty-one (41) cases within Suffolk County. For situational awareness, each agency is being notified, in real time, that a patient within their district is under mandatory isolation or self-sequestering, being actively monitored by the SCDHS and the addresses within their district.

General Overview and Recommendations

Risk depends on the characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these measures. In the absence of vaccines or treatment medications, non-pharmaceutical interventions become the most important response strategy.



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Precautionary measures to reduce the risk of transmission for bacteria and virus' include:

- Stay home when you are sick, except to get medical care.
- Increase interpersonal distance. Ideally this is a separation of at least 6 feet.
- Cover your coughs and sneezes with a tissue, then throw the tissue in the trash.
- Wash your hands often with soap and water for at least 30 seconds, particularly after doffing exam gloves; going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- Avoid people who are ill.
- Use alcohol-based hand cleansers (at least 62% alcohol), which are effective, if there is limited access to soap and warm water.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close personal contact. Shaking hands is a great way to transferring different microbes like viruses and bacteria from one person to another.
- Refrain from sharing personal items such as forks, spoons, toothbrushes and towels.
- Decontaminate shared spaces often, paying attention to phone receivers, microphones, keyboards, steering wheels, dashboards, countertops, and office equipment.

Agency recommendations

- Minimize or cancel, in person, departmental meetings, training and social gatherings;
- The governor has issued a law temporally modifying relaxing the requirement for mandatory public meetings and allowing them to be conducted by conference call or other virtual meeting. This includes boards and membership meetings that maybe required by law. Or meeting that are required to do departmental business. (see governors order below).
- Have common area spaces cleaned frequently;
- Review donning and doffing protocols with staff in a virtual environment via, WebEx, Zoom, GoToMeeting or any other platform that you may have access to. If you need help with access to this platform, please feel free to contact Suffolk County EMS or FRES;
- Review internal response policies and reinforce social distancing recommendations;
- Minimize or cancel travel to EMS and fire conferences;
- Review internal Continuity of Operations Plan (COOP);
- Maintain headquarters/building, entrance and exit log, to track and be utilized during possible exposure;
- Crew size should be keep to a minimum to accomplish the task at hand; minimum ambulance staffing levels are one (1) EMT and one (1) driver;
- Begin conversations between agencies over sharing resource, including personnel to maintain minimum staffing levels;

Response Protocol and Personal Protective Equipment

In consultation with Suffolk REMAC and the Suffolk County System medical director the following recommendation is for all responses:

Agencies and providers are reminded that universal precautions should be taken to reduce the risk of disease transmission to keep us, and our families healthy, and keep us available for service in our respective communities.

When any agency is dispatched to **any call** it is recommended that providers make initial contact with patients from a minimum of six (6) feet away, if possible. Ask routine questions surrounding the patient's general health and well-being, fever, cough, respiratory distress, travel, whether they've been exposed to anyone who has tested positive for the COVID-19 or have they tested positive themselves. Agencies should limit the number of personnel making contact with any patient who is suspected of having a respiratory disease and **all** patients should have either a non-rebreather or ear loop mask (whichever is most appropriate) placed on them regardless of respiratory symptoms. If a nasal cannula is in place, a facemask should be worn over the nasal cannula.



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We should remember there are a host of other bacterial and viral communicable diseases circulating in the community that present with fever, cough and trouble breathing. This includes seasonal influenza and other communicable diseases already within the United States as well as those communicated into the United States through global travel.

- Generally, a person who contracts COVID-19 will develop symptoms after about 2-14 days of exposure with a range of 2-21 days. These symptoms include onset of fever, productive and non-productive cough and respiratory distress.
- EMS providers should be especially vigilant when encountering any patient with fever, cough or respiratory distress and we encourage you to observe **Universal Precautions, wash hands frequently, and decontaminate non-disposable patient care items and interior ambulance surfaces on a regular and frequent basis. This includes the use of gowns and gloves, eye protection and N95/N100 respirators on all providers and placing a surgical mask or non-rebreather mask with oxygen on patients, whichever is most appropriate. Additionally, it is recommended to have the patient compartment exhaust vent on high and to isolate the driver compartment from the patient compartment. It is also recommended to have the driver compartment ventilation fan set to high without recirculation. If it is not possible to isolate the driver compartment, the driver must wear an N95/N100 mask throughout transport.**
- Fire and EMS agencies should take this opportunity to review their Occupational Exposure to Blood Borne Pathogens Plans, per OSHA's 1910.1030 requirements, and ensure that Universal Precautions are observed when there is the possibility of coming into contact with blood or other potentially infectious materials (B-OPIM) on any patient.

In conjunction with Suffolk County FRES Dispatch and local dispatch centers, the use of the "FC" suffix (Fever & Cough) will continued to be added to emergency medical dispatch (EMD) determinant codes to give you as much pre-arrival information as possible about your patient(s). Recall that similar designation ("ID") for Infectious Disease remains in effect when signs/symptoms indicate suspicion of Ebola Virus Disease (EVD).

Assessment of any patient:

- Initial patient assessments phases for History of Present Illness (HPI) and OPQRSTI/SAMPLE should initially occur from about six (6) feet away from the patient who is considered to be at risk, to ensure proper donning of PPE when indicated;
- HPI questions should include asking about contact with anyone that has tested positive for COVID-19, patient travel history to the affected area; and if there is any close contact with anyone else who traveled to the affected area.
- As always, it is important to document pertinent negatives in addition to positives.

Protective Measures:

If the patient meets the criteria of either high or low risk exposure, is a known COVID-19 infected patient, or is experiencing influenza-like-illness (ILI) symptoms, then the following approach should be followed:

- Don fluid-impervious clothing covers, gloves, goggles, and fit-tested N95 mask (Wearing an N95 mask has shown to reduce the risk of infections in health care workers by about 85 percent).
- The performance of aerosol-generating procedures should be avoided whenever possible. Caution should be used during fluid-droplet-producing procedures like positive pressure ventilation, suctioning, and administering nebulized medication.
- If performing these procedures, PPE should include respiratory protection (fit-tested N95 or higher mask) and the procedure(s) should be performed while being mindful of avoiding contact with respiratory secretions.
- Soiled personal protective equipment (PPE) should be laundered in accordance with your agency plan.
- Disposable PPE should be discarded as **red bag waste** at the receiving hospital.



- *Hospital presentations should be made in all cases where patients exhibit fever, cough and trouble breathing or contagious disease signs & symptoms well in advance of arrival at the hospital, and should include a transmission that you are transporting a patient with fever, cough and trouble breathing, contagious disease symptoms or have risk factors for the COVID-19. Depending on local conditions, you may be asked to remain in the ambulance until your patient can be triaged by emergency department staff, or you may be directed to an alternate location in the emergency department to transfer your patient.*
- Decontamination of non-disposable medical equipment and interior surfaces of ambulances should be performed in accordance with standard decontamination procedures using 10% sodium hypochlorite (bleach) solution at 1-part bleach: 10 parts water (1/4 cup bleach: 1-gallon water). Personnel performing decontamination procedures should do so wearing the appropriate personal protective equipment. See the Decontamination section below for additional decontamination considerations and procedures.

Donning and Doffing PPE

Donning PPE:

- 1) **Inspect PPE Prior to Donning:** Visually inspect the PPE ensemble to ensure that it is in serviceable condition (e.g., not torn or ripped), that all required PPE and supplies are available, and that the sizes selected are correct for the healthcare worker (HCW).
- 2) **Perform Hand Hygiene:** Perform hand hygiene with alcohol-based hand rub (ABHR). When using ABHR, allow hands to dry before moving to next step.
- 3) **Put on Gown or Coverall:** Put on gown *or* coverall. Ensure gown *or* coverall is large enough to allow unrestricted movement.
- 4) **Put on Facemask:** Put on N95/N100 facemask.
- 5) **Put on Gloves:** Put on gloves. Ensure the cuffs are pulled over the sleeves of the gown *or* coverall.
- 6) **Put on Face Shield:** Put on full face shield or goggles over the N95/N100 mask to protect the eyes, as well as the front and sides of the face.
- 7) **Verify:** After completing the donning process, the integrity of the ensemble should be verified by the HCW (e.g., there should be no cuts or tears in the PPE). The HCW should be comfortable and able to extend the arms, bend at the waist, and go through a range of motions to ensure there is sufficient range of movement while all areas of the body remain covered.

Doffing PPE:

- 1) **Considerations:** Ask the receiving healthcare facility if they have a designated PPE removal area in the healthcare facility. As with all PPE doffing, meticulous care should be taken to avoid self-contamination. Place all PPE waste in a leak-proof infectious waste container (red bag).
- 2) **Inspect:** Inspect the PPE for visible contamination, cuts, or tears before starting to remove. If any PPE is visibly contaminated, disinfect by using an *EPA-registered disinfectant wipe. If the facility conditions permit and appropriate regulations are followed, an *EPA-registered disinfectant spray can be used, particularly on contaminated areas.
- 3) **Disinfect and Remove Gloves:** Disinfect gloved hands with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard gloves, taking care not to contaminate hands when removing the gloves. Dispose of gloves into the designated leak-proof infectious waste container (red bag).
- 4) **Hand Hygiene:** Perform hand hygiene with ABHR on bare hands, and don a new pair of gloves. If a cut or tear is seen on a glove, immediately review occupational exposure risk per agency protocol. If there is no visible contamination and no cuts or tears on the gloves, then disinfect the hands with either an *EPA-registered disinfectant wipe or ABHR.
- 5) **Remove Face Shield or Goggles:** Remove the full face shield by tilting the head slightly forward, grabbing the rear strap and pulling it over the head, gently allowing the face shield to fall forward. Avoid touching the front surface of the face shield. Discard the face shield into the designated leak-proof infectious waste container.



- 6) **Hand Hygiene:** Perform hand hygiene with ABHR on gloved hands. If a cut or tear is seen on a glove, immediately review occupational exposure risk per agency protocol. If there is no visible contamination and no cuts or tears on the gloves, then disinfect the hands with either an *EPA-registered disinfectant wipe or ABHR.
- 7) **Remove Gown or Coverall:** Remove and discard.
 - a. Depending on gown design and location of fasteners, the HCW can either untie fasteners or gently break fasteners. Avoid contact of clothing or disposable garments with outer surface of gown during removal. Pull gown away from body, rolling inside out and touching only the inside of the gown.
 - b. To remove coverall, tilt head back to reach zipper or fasteners. Unzip or unfasten coverall completely before rolling down while turning inside out. Avoid contact of clothing with outer surface of coverall during removal, touching only the inside of the coverall. Dispose of gown or coverall into the designated leak-proof infectious waste container.
- 8) **Disinfect and Change Gloves:** Disinfect gloves with either an *EPA-registered disinfectant wipe or ABHR.
 - a. Remove and discard gloves, taking care not to contaminate bare hands during removal process.
 - b. Perform hand hygiene with ABHR.
 - c. Don a new pair of gloves.
- 9) **Remove Surgical Facemask:** Remove the surgical facemask by tilting the head slightly forward, grasping first the bottom tie or elastic strap, then the top tie or elastic strap, and remove the front of the surgical facemask without touching it. Discard the surgical face mask into the designated leak-proof infectious waste container.
- 10) **Disinfect and Remove Gloves:** Disinfect gloved hands with either an *EPA-registered disinfectant wipe or ABHR. Remove and discard gloves, taking care not to contaminate bare hands during removal process. Dispose of gloves into the designated leak-proof infectious waste container.
- 11) **Perform Hand Hygiene:** Perform hand hygiene by washing hands for a minimum of 30 seconds with soap and water. If soap and water are not available, use an ABHR.

*EPA-registered disinfectant wipe: Use a disposable wipe impregnated with a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant with a label claim for a non-enveloped virus (e.g., norovirus, rotavirus, coronavirus, adenovirus, poliovirus);

http://www.suffolkremsco.com/clientuploads/Situational_Awareness_EMS_System/Coronavirus/SCEMS_PPE_COVID-19FirstResponder.pdf

Decontamination

****Please note there are no commercially available disinfectant products able to claim direct efficacy against novel COVID-19. Recommended products for disinfecting vehicles and equipment following a potential exposure, should have an approved “emerging viral pathogens” claim against COVID-19. If no such products are available, products with label claims against human coronaviruses should be utilized consistent with label instructions. ****

Decontamination Considerations:

1. After transporting the patient, leave the rear doors of the transport vehicle open to allow time for sufficient air changes to remove potentially infectious particles. Consideration must be given to ensuring vehicle and equipment security if staff is not able to stay with the vehicle.
2. The time required to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient time for air changes.
3. When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
4. ***Any visibly soiled surface must first be cleaned then decontaminated using an Environmental Protection Agency (EPA)-registered hospital disinfectant according to directions on the label. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. These products can be identified by the following claim:***



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- a. “[Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - b. This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “COVID-19” will not appear on the product or master label.
5. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
 6. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 7. Clean and disinfect the vehicle in accordance with standard operating procedures. ***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 hospital grade disinfectant in accordance with the product label.***
 8. Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
 9. Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
 10. Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
 11. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients. Don clean PPE to handle the patient at the transport location.

AeroClave:

The EMS Division is able to offer use of its AeroClave device to EMS Agencies to assist in decontamination and sanitization of response vehicles that may have been exposed to suspected COVID-19 pathogens or other influenza-like-illness cases. The AeroClave is an automated disinfectant delivery device which fogs EPA registered Vital-Oxide disinfectant throughout both the patient and passenger compartments of the vehicle, coating all exposed surfaces and allowing sufficient dwell time to destroy potential pathogens. The Vital Oxide disinfectant does meet EPA criteria for emerging viral pathogens, and has documented efficacy against previously existing human and animal coronaviruses, in addition to a multitude of other pathogens. The process is safe for sensitive electronic equipment.

Agencies in need of the AeroClave device will need to bring their affected vehicles to the EMS Division in Yaphank during regular business hours. The sanitization process takes approximately 35 minutes to complete and return the vehicle to service. The EMS Division is staffed from 0900 to 2200 M-F, and 0800 to 1400 on weekends.

Shortage and resource requests

Those who are in need of supplies (including hand sanitizer) must submit requests via the HEALTHCARE SUPPLY REQUEST form. The form can be found at the top of the EMS and FRES webpages at <http://www.suffolkremsco.com> or <https://www.suffolkcountyny.gov/Departments/FRES>. Please ensure that the form is filled out in its entirety including weekly usage rates (burn rates). Suffolk County cannot submit incomplete forms through New York Response.



Upcoming weekly phone calls for EMS and Fire leadership

The EMS Division in conjunction with FRES will be hosting a weekly webinar/conference call for EMS & fire agency leaders and administrators. Registration information will be sent via email on a weekly basis by both EMS and FRES. While the platform can support up to 500 attendees, we request that each agency limit the number of people attending the call. People should not congregate for this phone call/webinar and are reminded of social distancing recommendations. The weekly webinar will focus on the COVID-19 outbreak within Suffolk County and both its direct & indirect effects on the EMS and fire systems. This includes but is not limited to: disease research updates, updates to the numbers of confirmed and pending cases, county and state regulatory changes, potential changes to activation and/or response policies, transport or destination decisions, hospital procedures, EMS education continuity, as well as continuity of operations information on both the agency and county-wide level. EMS and fire agencies are strongly encouraged to ensure that at least one member of their organization's leadership attends this webinar and reports back to their agency.

Websites for additional information and references:

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

<https://www.cdc.gov/coronavirus/index.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

<https://www.governor.ny.gov/news/no-2021-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency>

Please don't hesitate to call (631) 852-5080 or email nathaniel.bialek@suffolkcountyny.gov if you have any questions or require any additional assistance. We will continue to keep you informed as this situation evolves.

