

**Jackson Fire Department**  
**Response for Suspected Coronavirus (COVID-19) Disease Patients**  
**Date: Revised 3/17/2020**

**Dispatch Communications**

Medical Center EMS dispatch will ask the patient who have flu-like symptoms about any travel over the past 14 days or any potential exposure to infectious or contagious persons. Medical Center EMS Dispatch will advise Central Dispatch who will in turn notify the responding unit of any suspected exposures.

**If suspected exposures are advised.**

Two first responder's will don the appropriate PPE immediately (*N-95 Facemask, Tyvek Suite, Eye Protection and Latex Gloves*). Limited crew interactions will be established, two fire department members will don PPE but only one will initially engage the patient, the other (PPE Wearing EMR) will remain in close proximity in case immediate additional support is needed. The other crew members (if applicable) will remain outside and will not make patient contact unless life saving measures are needed.

**Screening –History, Ask questions regarding:**

- Has the patient been exposed to the virus or been in contact with someone who has flu like symptoms?
- Is the person a Healthcare Worker? If so, where do they work and what job do the do?
- Has the patient traveled recently (last 14 days)? If so, when and where?
- Any potential contact with exposed individuals
- Any other new respiratory problems (e.g., persistent sneezing, wheezing, congestion)

**Symptoms**

- Persistent Dry cough
- Fever (hot to touch in room temperature)
- Shortness of Breath

**Treatment**

Simple mask placed over the mouth and nose and treat per previously established protocols. If O2 is needed a non-rebreather can be used in lieu of the mask.

## **If suspected exposures are not advised**

Preferable one EMR will engage the patient initially. A screening of the patient will take place at from the doorway or no closer than a distance of 6 feet. If the screening is negative, the remaining personnel can enter and assist with care. If the screening is positive, the second EMR will don appropriate PPE (*N-95 Facemask, Tyvek Suite, Eye Protection and Latex Gloves*) and enter scene as necessary. The initial provider will exit scene and don appropriate PPE (*N-95 Facemask, Tyvek Suite, Eye Protection and Latex Gloves*). At no point is the patient to be left alone as this could be seen as abandonment.

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### **Symptoms**

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## **Decontamination**

All PPE will be properly doffed and placed in the Bio-Hazard bag in the ambulance.

Members should don new latex gloves to decontaminate their equipment and the inside of the cab or affected compartment(s) if necessary. Decontamination can be completed with Lysol or other disinfectant.

## **Potential Exposure**

Fire personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.

- Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
- EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.
- Wearing of proper PPE (*N-95 Facemask, Tyvek Suite, Eye Protection and Latex Gloves*) by member is considered a non-exposure.

## **Documentation of patient care**

Documentation of patient care should be done after EMR's have removed their PPE, and performed hand hygiene. Documentation should include a listing of all EMS Members and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.