

Chautauqua County Office of Emergency Services

2 Academy Street, Suite A, Room 106
Mayville, NY 14757
Phone: (716)753-4341 • Fax: (716) 753-4363

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County Executive

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Director

COVID-19 FAQ's for Fire & EMS Last Updated 4/06/2020 at 14:00

Updates from previous version are highlighted

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** (or N-95 if surgical mask is not available) on any patient with a fever, cough, or shortness of breath.
 - i. Provide source control on the patient by placing a surgical mask on them
 - ii. If any question exists, don a mask and provide source control of the patient by applying a surgical mask
- d. Wear an **N-95** mask and **gown** for any patient encounter that results in aerosolization such as nebulizer use, CPAP or intubation, CPR, BVM, suctioning. See further guidance below.
- e. Wash your hands frequently and after every patient encounter
- f. Don't touch your face, mouth, or eyes.

2. What do I do with my PPE after patient contact?

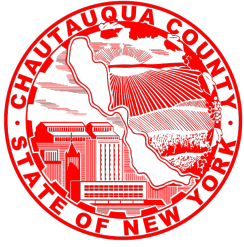
- a. Dispose of PPE in a red biohazard bag
- b. Dispose of the biohazard bag when full
- c. Do not reuse disposable PPE after taking care of a patient
- d. Your clothes do not need to be removed unless soiled with blood/bodily fluids
- e. All work clothes should be washed at the end of every shift

3. Who needs to wear PPE?

- a. Anyone being in contact at a distance of less than 6 feet with a patient displaying the symptoms mentioned in #1
- b. Any responder who will only be driving and not having direct patient contact should still don a mask
- c. Refer to PPE Flowchart for appropriate PPE recommendations

4. Can providers wear homemade masks or dust masks?

- a. Homemade masks provide some protection against large droplets and may decrease dispersion when a person coughs or sneezes. But studies show they only filter about 30% of what a surgical mask does.



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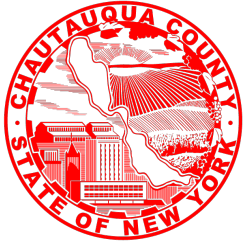
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- b. Homemade masks and dust masks can be placed on a patient for source protection when there is low supply of surgical masks.
 - c. Homemade masks and dust masks should not be used by providers instead surgical masks.
5. Where can my department get supplies such as PPE (masks, face shields, gowns), hand sanitizer, etc?
- a. Got to www.chautcofire.org
 - b. Download request form.
 - c. Email completed request form to contactus@chautcofire.org
6. What if I don't have a gown and perform an aerosolizing procedure?
- a. There is currently no data to support fomite transmission, although the virus can survive on surfaces such as plastic and steel. Porous surfaces such as clothing are less likely to harbor the virus for long periods of time. Additionally, clothing has not been associated with transmission of other respiratory viruses such as influenza.
 - b. Ideally, the responder should wash clothes at the end of every shift before re-wearing.
 - c. Personnel should assure they have additional uniforms/clothes available.
7. What measures should we take to disinfect linens and uniforms?
- a. Routine washing with detergent and hot water is sufficient. No additional measures are necessary.
 - b. For bed sharing (eg firehouses), no additional care for mattress or pillow covers are necessary. It is acceptable, but not required, to spray/wipe impermeable covers with disinfectant.

Dispatch and Response

1. Will we be notified if we are responding to a patient with suspected COVID-19?
 - a. Dispatch has been screening patients for suspected COVID-19 for several weeks in most area PSAP's and will continue to do so.
 - b. Agencies should check with their PSAP to inquire about specific procedures and how agencies will be notified of a positive dispatch. Screening for potential COVID-19
 - c. Understand that call screening is never perfect as it is highly dependent on the information the caller provides. It remains critical that ALL patients are screened from a distance of at least 6 feet as to fever or respiratory symptoms. As any call, regardless of dispatch screening, could potentially have patients with symptoms warranting proper PPE.
2. What is being done about call volume and "unnecessary" 911 calls for EMS?
 - a. See WREMAC "Assessment Procedure for Patients with Suspected COVID-19".



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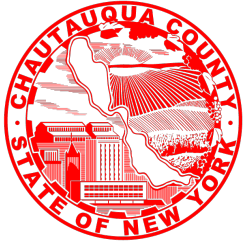
3. How should we handle AMA refusals of treatment or transport of patients with suspect COVID-19?
 - a. Agencies should have a provider who is > 6 feet away and not involved in direct patient contact recording information on the PCR.
 - b. Rather than having a potential COVID-19 patient sign the AMA refusal form, agencies should have 2 responders witness and document the verbal consent, and sign the form attesting to such.
 - c. Whenever possible the 2 witnesses should be from different agencies (LEO or fire personnel may be used).
 - d. If a signature is obtained for some reason, have the patient don gloves first, then disinfect the pen/stylus, tablet, or any other equipment handled by the patient.
 - e. If there is only one provider on scene, they should still obtain and witness verbal consent themselves and document no other providers available.
 - f. Another option is to have the patient sign the written refusal with their own pen, and then take a picture of it with your tablet into the PCR, if you have the capability to do so.

4. What about BLSFR agencies and CFR's, should they respond?
 - a. In an attempt to limit the number of providers potential exposure, BLSFR agencies may decide not to respond, or agencies may decide not to allow CFR's to respond to all calls, or just those with dispatch information concerning for potential COVID-19 symptoms for the time being.
 - b. Another option is to allow them to continue to respond, but have responders maintain a distance greater than 6 feet, and only don PPE approach the patient if a critical treatment needs to be performed before the transporting agency/provider arrives.

5. What about "riders" in the ambulance?
 - a. It is recommended to **not allow any** family members/others in the front of the ambulance
 - b. Agencies may consider allowing a family member/other in the patient compartment on a case-by-case basis. In general, only minors should have a family member/care provider in the patient compartment and should have a surgical mask if warranted by PPE Flowchart

6. What about EMT students, explorers, or non EMTs riding as an "extra"?
 - a. **The number of providers making patient contact should be kept to a minimum**
 - b. Agencies should not allow any observers, explorers, or non EMTs to ride as an extra unless required for clinical care.
 - c. Agencies with EMT or Paramedic students doing clinical ride-alongs should continue this in order to help get more providers online as this situation may continue in the future.
 - d. In patients where high concern exists for COVID and potential exposure providers should still limit contact with the patient, especially if PPE shortages exist.

7. What else can the agency do to limit exposure?
 - a. Agencies should consider limiting the number of responders going directly to the scene in personal vehicles, especially without proper PPE



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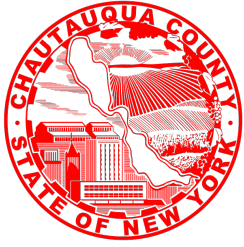
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- b. Limit the number of responders having direct patient care and in the patient care compartment of the ambulance
- c. Responders who are high risk for COVID-19 complications due to age or medical comorbidities should consider limiting their response during this time period

Assessing, Treating, and Transporting Patients

1. How do I assess patients?
 - a. **ONE PROVIDER should assess ALL patients from at least 6 feet away** for fever, cough, or shortness of breath
 - b. If any of those are present, the responder should immediately and prior to patient contact don appropriate PPE per the PPE Flowchart
 - c. Only **ONE PROVIDER** should perform initial screening and care (unless clinically necessary) to determine if patient requires transport
 - d. If the patient is able, walk them to the ambulance to minimize exposure to the driver and other providers
 - e. Agencies should have a provider who is > 6 feet away and not involved in direct patient contact recording information on the PCR, rather than the provider in direct contact with the patient to limit contamination of equipment whenever possible.
2. What do I do after **EVERY** patient encounter?
 - a. Doff and properly dispose of PPE
 - b. Use hand sanitizer prior to getting back into vehicles/apparatus
 - c. Wash hands when soap & water is available.
 - d. Clean and 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 fever, cough, or shortness of breath. This is a critical component of protecting responders and others.
4. How should I prepare my ambulance before transporting a suspected COVID-19 patient
 - a. During this situation, agencies may choose to seal the interior compartments of their ambulance with tape and work mainly out of a “jump bag”. This helps prevent possible contamination of the inside of the ambulance.
 - b. When transporting a patient, the driver's compartment should be isolated from the patient compartment by shutting the pass through door & window. It is also recommended that the driver compartment ventilation fan set to high without recirculation.
 - i. The driver of the vehicle operator should wear a surgical mask or N-95.



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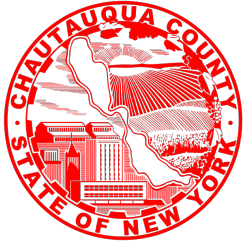
5. Should I use nebulized medications, CPAP, or aerosol generating procedures in a potential COVID-19 patient?
 - a. Potential aerosol generating procedures include: bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (BiPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)
 - b. Patients should be asked to bring their metered dose inhaler (MDI) with them and treatments provided via their own MDI when possible.
 - c. If possible, consult with medical control before performing aerosol-generating procedures for specific guidance
 - d. Nebulized medications should only be utilized in patients with severe respiratory distress
 - e. CPAP should be utilized when necessary in accordance with existing protocols
 - f. See below regarding procedures upon hospital arrival

6. What precautions should we take in patients when performing CPR?
 - a. **ALL** cardiac arrest patients should be presumed to have COVID-19 regardless of any prior symptoms, as this information may not be readily available at the time. CPR ventilation are considered aerosol generating procedures.
 - b. In contrast to typical cardiac arrest procedures, only 2 providers should be in direct contact with the patient. These 2 providers should don an N-95 (if available), eye protection, gloves, and gown (if available).
 - c. Other providers should assist from greater than 6 feet away with tasks such as recording, preparing equipment or medications, etc. If other providers need to be within 6 feet but are not directly involved in CPR or ventilations, then non-aerosol precautions for a suspected COVID-19 patient should be used: Surgical mask, eye protection, and gloves.

7. What precautions should be taken on obvious death scenes?
 - a. The risk of exposure from someone deceased who is not breathing (and CPR is not being performed) is very low. The greatest risk on these scenes may be bystanders and family in the house who are also infected.
 - b. Maintain social distancing of at least 6 feet from all bystanders and have them stay in another room or outside the house.
 - c. For handling the body (deceased and when CPR is not being performed) standard precautions and gloves are all that is needed, unless there is concern for body fluids or splashes

8. Where should I transport a potential COVID-19 patient?
 - a. The NYSDOH is working on guidance when transport of a COVID-19 patient may not be required and/or transport maybe to an alternative destination. More to follow.
 - b. Any area hospital is capable of receiving a potential COVID-19 patient.

9. What do I do with a patient I suspect has COVID-19 on hospital arrival?



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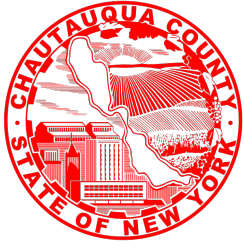
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- a. As above, ensure source patient controls are in place and don appropriate PPE (should already be in place)
- b. Give hospital as much pre-notificaiton as possible, preferably prior to leaving the scene, to allow them to prepare to receive the patient. Advise them if the patient is wearing a surgical mask or not.
- c. Follow hospital guidance on which entrance to enter the facility with the patient.
- d. If the patient is receiving a nebulizer treatment finish the nebulizer treatment prior to removing the patient from the ambulance and entering the hospital, unless the patient is unstable or in severe respiratory distress. If a patient on CPAP, receiving a nebulizer, being ventilated, or other aerosol generating procedure, notify ED staff of the ongoing treatment prior to entering the ED for guidance. ED may ask you to discontinue one of the above treatments temporarily when entering the ED.

Exposure Assessment

1. What constitutes an exposure to someone with COVID-19?
 - a. Close 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.
 - c. Providers wearing appropriate PPE are not considered exposed
2. What should I do if I think I was exposed?
 - a. EMS 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.
 - b. 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.
 - c. 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.
3. Who makes the determination to isolate/quarantine an ambulance/fire crew?



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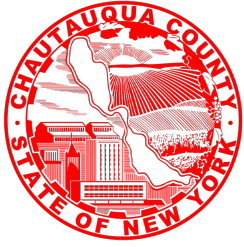
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- a. The County Public Health Department based on confirmation of exposure to a patient with COVID-19.
4. When is this determination made? Is it made in triage when the patient is brought in?
 - a. A determination to isolate/quarantine is made when a source patient tests positive OR there is specific information that suggests that an individual had close contact with a known source patient. This is determined by the County Health Department.
5. I have been quarantined due to exposure or possible exposure to COVID-19. What happens next?
 - a. Isolation/quarantine is being done at home unless you become acutely ill.
 - b. Isolation/quarantine is currently 14 days from the time of exposure. This time period may decrease in the near future. Stay tuned.
6. If a patient is found to have COVID-19, will the department who brought them/had contact be notified?
 - a. Yes, through the County Public Health Department or Emergency Services.

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.
 - c. Special attention should be paid to the driver area and all touched surfaces (radio, computer, light/siren control, 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>
 - e. Further CDC cleaning and disinfection guidelines can be found at: https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html
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 to return to service after cleaning & disinfecting the surfaces according to the cleaning products guidelines.
3. After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - a. The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
4. Utilize the same PPE for cleaning that you did for patient transport. Do not doff PPE until after cleaning and disinfecting the ambulance. Refer to PPE Flowchart for further guidance.



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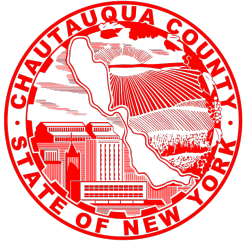
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Meetings, Training and Staffing

1. What should I do for meetings and trainings, events, etc?
 - a. Consider canceling or eliminating any community outreach programs such as fire safety courses, fire prevention programs, etc that engage school groups, group homes, high occupancy dwellings, churches, etc.
 - b. Consider eliminating or canceling events or gatherings that consist of 50 people or more based on current NYS and CDC recommendations of large gatherings.
 - c. Perform only essential training, and when doing so, limit training to small groups whenever possible and follow social distancing guidelines.
2. What about County Sponsored classes (Fire, EMS, CPR)
 - a. These have all been cancelled for the present time.
3. What if my EMT certification is expiring or my test or recertification class has been postponed?
 - a. The BEMS expects to have guidance on this coming out in the next few days.
4. With potential provider shortages due to illness, child care, etc., how can my volunteer agency maintain adequate responses to calls?
 - a. Volunteer agencies are encouraged to develop crew rosters and scheduled staffing to help ensure consistent responses during this time

Responder/Employee Health

1. What symptoms should my responders be looking for?
 - a. All responders should be self-monitoring for fever, cough, shortness of breath or other flu-like symptoms
2. If one of my responders is exhibiting symptoms, what do I do?
 - a. Have the responder self-isolate at home, or if at work, go home
 - b. Have the responder contact their healthcare provider for assessment and guidance
 - c. Do not allow the responder to report for work
 - d. Call your supervisor
 - e. 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.
3. What else can providers do to maintain their health and readiness to respond?
 - a. Providers should focus on their physical and mental well-being to increase resiliency
 - b. Continue your exercise and physical fitness routines, ensure adequate sleep, hydration, and quality nutrition to help keep yourself healthy during the COVID outbreak



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- c. Use common strategies to keep you and your family protected- avoid close contact and social distancing, clean your hands often, cover your mouth when you cough and sneeze

Additional Information:

1. Where can I get the most accurate information regarding COVID-19?
 - a. The [CDC Coronavirus page](#)
 - b. The [CDC Coronavirus page for EMS](#)
 - c. The [NYS DOH Coronavirus page](#)

As details change & guidance is updated we will update this FAQ document.