



Goodwin's Mills Fire-Rescue
Office of the Fire Chief
481 Goodwin's Mills Road
Lyman, Maine 04002-7524

Temporary Operating Guideline 20-3917

Date: 3/05/2020

Updated: 03/18/2020

Subj: Response to Suspected Coronavirus (COVID-19) Emergencies

References: Maine EMS, Maine Health and CDC updates.

1.0) Intention: To provide guidance for emergency personnel when responding to suspected or unknown calls involving a possible Coronavirus infected individual.

2.0) Required Tools/Equipment/PPE: Medical Gloves, N95 respirator protection, face and eye protection, gowns, 5.11 EMS coat. Additionally Surgical mask for patients.

3.0) Background: The CDC has announced the outbreak of the coronavirus as a global pandemic. To date there are confirmed cases in the State of Maine, and more that 1500 in the USA, which is ever rising. State and local leaders are planning to slow the spread of this virus.

4.0) Guidelines:

1. Upon receipt of an emergency, crews shall pay special attention to the dispatch information. The dispatcher should provide you with the words "positive U21, Negative U21 or Inconclusive U21".
 - a. Negative U21 – the patient has symptoms without risk factors.
 - b. Positive U21 – the patient has symptoms WITH at least one risk factor.
 - c. Inconclusive U21 – Unable to gather accurate and/or sufficient information.
2. Special precautions shall be utilized if a Positive U21 or an Inconclusive U21 report is given.
3. If there is no U21 information given, the provider must use their best judgement and follow the below special precautions if there is a possibility of the virus being present.
 - a. Coronavirus is presenting with a fever, cough and/or respiratory distress
4. When the special precautions are called for the following guidelines shall be used:
 - a. Limit the amount of personnel into the patient location. (The "engine crew and additional manpower" should remain outside unless the EMS needs assistance). If the engine crew comes within 6ft of the patient and is not needed for transport, their choice of respiratory protection shall be SCBA breathing air.
 - b. Responders from home should report to the Fire Station and avoid a direct POV response.
 - c. Place a surgical mask on the patient as soon as possible, preferred to give the patient the mask from a distance and have them don it.

- d. EMS providers having contact with the patient or in the environment with the patient shall don medical gloves, N95 respirator protections, (either N95 mask or SCBA mask with N95/P100 cartridge), eye protection, face protection and gowns or 5.11 EMS coat.
 - e. Exhaust fans in the patient compartment will be turned on.
 - f. Advise the receiving hospital as soon as practical of your suspicions.
 - g. Decontaminate the ambulance thoroughly before returning to service.
5. Crews must also wash their hands as soon as practical after patient turn over.
 6. PPE, Hand washing, ambulance decontamination and station decontamination will be the keys to success in preventing a mass infection with in the department.

Notification and Documentation

1. Upon any response to any call with any index of suspicion on of coronavirus contact, Chief Duross or Deputy Chief Harris must be notified as soon as possible.
2. All findings and PPE use must be documented in your EPCR accurately.

Potential Contamination

1. Following the Maine CDC and Maine Health recommendations, if you or the emergency room personnel feel that your patient may have COVID-19, you must immediately self-monitor. And follow CDC or Emergency Room directions
 - a. Self-monitor means, Check for a fever, watch for symptoms such as cough and shortness of breath.
 - b. While under self-monitor providers will continue to work, while treating additional patients the provider must wear a surgical mask, for 14 days or until symptoms develop.
 - c. Once or if symptoms develop (fever, cough, sore throat or Shortness of breath) the provider must then self-quarantine and contact a physician. The provider can use their own primary care physician or Workwell will be contacted.
 - d. Additional documentation such as a first report of injury will need to be completed as soon as possible to the potential exposure.

Mutual Aid

1. As much as practical, our mutual aid chiefs have agreed to the following
 - a. If a mutual aid ambulance responds to our community for a suspected COVID-19 call and we first respond with the proper EMS level provider, than the initial providers to make patient contact will continue patient care throughout the transport.
 - i. This will allow us to minimize provider exposure and reduce the amount of PPE needed for the call.
2. The same will hold true if we respond mutual aid.

Provider Screening

1. MEMS has published their Model EMS Clinician COVID-19 Screening Guideline; we have implemented a start of shift procedure that is aimed at the health & safety of all employees. Effective immediately;
 - a. The on-duty crew shall ensure that all shift members are screened for signs and symptoms of COVID-19 when reporting for work and at 12 hour intervals. The log form found on the station check clip board will be completed for each crew member each time that they are screened.
 - b. If a reading of 100 degrees F or greater is found, conduct a second screen using a different thermometer. If the second screening also show a reading of 100 degrees F or greater the employee is to go home, not complete their shift, begin self-quarantine which may last for 14 days, and seek medical attention through their primary care physician, urgent care, or contracted workforce care center (i.e. Workwell).
 - c. When screening for Signs/Symptoms, cough, shortness of breath, and sore throat, any positive screening the employee is to go home, not complete their shift, begin self-quarantine which may last for 14 days, and seek medical attention through their primary care physician, urgent care, or contracted workforce care center (i.e. Workwell). Exception: any employee who has previous medical history for allergies, or other respiratory ailments, and does not have a fever, and identifies these signs/symptoms as consistent with previous medical history may choose to remain at work.
 - d. Any employee that was sent home under the above b. and c. paragraphs may returned to work with the approval of their primary care physician, urgent care, or contracted workforce care center (i.e. Workwell) medical professional.
 - e. Chief Duross or Deputy Chief Harris is to be immediately notified if any members are told to go home as a result of this procedure

Safety Concerns: Infectious disease control

Responsible Officer: Chief Duross

EXPIRES: Upon expiration of this pandemic.