



# CHARLES COUNTY EMERGENCY SERVICES



## SPECIAL ORDER 2020-04

### COVID-19 Non-Incident Infection Control Guidelines EMERGENCY SERVICES (FIRE & EMS)

Issue Date: 04/18/2020 Revised: 05/05/2020

Expiration Date: N/A

#### I. OVERVIEW

With the annual occurrence of influenza season, and with the recent developments regarding the Coronavirus, we are all reminded that the manner in which we approach infection control incidents is of the utmost importance. Many within the Charles County Department of Emergency Services (CCDES), Charles County Association of Emergency Medical Services (CCAEMS), Charles County Volunteer Firemen's Association (CCVFA) and the Office of the Medical Director are remaining vigilant to emerging issues related to infection control. Of concern is the Coronavirus outbreak which originated in the Wuhan Province of China, and the subsequent cases that have occurred here in the United States and elsewhere throughout the world. This policy and procedure outline the preparation, mobilization, and demobilization required for care and transport of suspected and known Coronavirus 2019 patients.

#### II. DEFINITIONS

- **Close Contact** - Close contact is defined as being within six (6) feet of a COVID-19 patient or being within the patient's care area or room for a prolonged period of time. Brief interactions such as walking by a person or moving past their room do not constitute close contact.
- **Coronavirus 2019** - A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV". There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.



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- **Non-exposure** - The following individuals are NOT considered "exposed" to COVID-19:
  - EMS clinicians who are farther than six (6) feet from the patient or,
  - EMS clinicians who are within six (6) feet of the patient for less than five (5) minutes and not performing respiratory procedures,
  - EMS clinicians who are wearing appropriate PPE when interacting with a PUI patient.
- **Person Under Investigation (PUI)** - A person who meets the CDC established criteria for COVID-19 symptoms and epidemiological risk factors. Symptoms include a fever and/or symptoms of acute respiratory illness (e. g. cough, difficulty breathing).
- **Personal Protection Equipment (PPE)** - For the purpose of this Special Order, PPE is considered those items in accordance with the recommendations of the Maryland Institute for Emergency Medical Services Systems - Infection Control and PPE Guidance (attachment). Such items included are gloves, respiratory protection masks, eye protection and gowns.
- **Suspected Low Risk Exposure** - This event is defined when an EMS Clinician comes in contact with a known COVID-19 patient and the following are place:
  - The patient is wearing a mask, and
  - The EMS Clinician is wearing all appropriate PPE.
- **Suspected Moderate to High Risk Exposure** - This event is defined when an EMS Clinician comes in contact with a PUI and/or known COVID-19 patient, and the following are true:
  - There is a prolonged (greater than 5 minutes) close contact within six (6) feet of a suspected PUI and/or known COVID-19 patient without appropriate PPE,
  - An EMS clinician performs any respiratory procedures (intubation, nebulizer treatments, CPAP, oxygen) without wearing appropriate PPE.
  - An EMS clinician comes in direct exposure to respiratory secretions.

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## III. GENERAL

The information contained in this procedure is intended to be consistent with the EMS and PSAP interim guidance given by the Centers for Disease Control (CDC) and Prevention and by MIEMSS for management of patients with known or suspected COVID-19. In some cases, our local implementation of infection control procedures will exceed those recommended by the CDC. In addition, as this is a rapidly emerging situation, the policy is subject to frequent changes. It is our goal to update this plan in accordance with changes recommended by MIEMSS and/or the CDC as they develop.

## IV. PROCEDURES

### A. REPORTING FOR DUTY

1. Don't come to work sick - utilize self-screening.
  - i. You must be fever (greater than or equal to 100.4 F) free and absent of flu like symptoms for a period of seventy-two (72) hours before returning to duty.
  - ii. **If you recently travelled outside of the DC, Maryland and Virginia area, you may not report for duty. Notify your immediate supervisor or station officer. A fourteen (14) day quarantine period is required from the day of your return.**
2. Station access should be limited to one entry point.
3. Participate in required health screening prior to assuming duty, during and at the end of your shift.
  - i. Complete the station Health Screening Questionnaire (attached).
  - ii. Report variances to your immediate supervisor or station officer.
4. Wash your hands immediately following your health screening.
5. Disinfect your SCBA regulator and facepiece.



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## B. IN THE FIREHOUSE

1. Follow routine disinfection guidelines.
2. Plan for and use social distancing precautions throughout the day while in quarters.
3. Rearrange or orient office spaces, sitting rooms, dining areas and bunk rooms so that members are separated from other members, visitors and the general public by at least six (6) feet.
4. Arrange bunks in a "head to foot" configuration when necessary.
5. Identify and utilize existing barriers or partitions in offices and vehicles.
6. Follow social distancing requirements during work related activities, small meetings, and maintenance activities.
7. Use a commercial surgical or cloth style mask throughout the day whenever it is anticipated that six (6) feet social distancing will be a challenge (an N-95 is still required to be used on all incidents).
8. Where dining areas cannot accommodate the entire platoon while maintaining six (6) foot distancing, members will eat in shifts.
9. Members should organize meals to limit the number of members handling food and utensils. "Buffet" style dining should be discouraged.
10. Wash bunk bedding daily or after each use and clean linens and surfaces per CDC guidance.
11. Avoid and/or limit the use of other members' phones, cell phones, desks, offices, tools and equipment.
12. Wash your hands whenever you return to quarters and often throughout the day.
13. If you feel sick while on duty you shall notify your immediate supervisor or station officer.



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14. It is recommended that department drills and meetings are suspended or held virtually during the Governors special directive on crowd gatherings. We strongly encourage members that are in the station to remain engaged in training activities while keeping the proper social distancing to reduce the risk of spreading germs.
15. Until further notice, visitors and family members should not be permitted in the station. We are proud to be a family-oriented organization, but due to the unprecedented circumstances, this action is being taken to protect both our members and their families.

## C. TRAVELLING IN DEPARTMENT VEHICLES

1. Follow routine disinfection practices of vehicles.
  - a. Wipe down door handles, the steering wheel, knobs, buttons and gear shifters.
  - b. Avoid cross contamination, remove gloves after each patient contact.
  - c. Have apparatus properly deconned after transporting patients to the hospital by the County's contractor.
2. Ensure good ventilation at all times. Increase ventilation in all emergency vehicles by operating the system in non-recirculation mode and bringing in as much outdoor air as possible by opening windows.
3. Use a surgical mask throughout the day whenever it is anticipated that six (6) feet social distancing will be a challenge, this includes Department vehicles (an N-95 is still required to be used on all incidents).

## D. END OF SHIFT

1. Shower and change clothes before leaving your shift.
2. Participate in end of shift health screening.
3. Leave the firehouse immediately upon being relieved.



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## APPROVAL

Approved: *Michelle L Lilly* Date: 5/5/2020

Michelle Lilly, Director

Approved: *Kevin S. Seaman* Date: 05/06/20

Dr. Kevin Seaman, Jurisdictional Medical Director

Approved: *Andrew Spalding* Date: 05/07/2020

Andrew Spalding, Volunteer Chief; CCAEMS

Approved: *Mark Kaufman* Date: 05/07/2020

Mark Kaufman, Volunteer Chief; CCVFA



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To: EMS Clinicians  
Highest Jurisdictional Officials  
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From: Timothy Chizmar, MD, FACEP  
State EMS Medical Director

*SC Signs*

Date: May 4, 2020

RE: COVID-19 Updates

Please find a few brief COVID-19 updates below, which address recent questions raised on our weekly webinars.

- An EMS clinician who has traveled outside of Maryland within the past 14 days is not required to self-quarantine on the basis of travel alone. Please consult the MIEMSS infectious diseases website: <http://www.miemss.org/home/infectious-diseases> for further information on this topic.
- Patients under investigation (PUIs) for COVID-19 may be transported to the closest appropriate freestanding emergency medical facility (FEMF) or closest hospital-based emergency department per the *Maryland Medical Protocols for EMS*. The previous guidance which advised against transport of PUI patients to FEMFs has been rescinded.

Thank you for your continued dedication to caring for patients during the current pandemic.