AFD EMS Guidelines - Novel Coronavirus (2019-nCoV) - v.2.10.2020

911 Information Received in AFD Dispatch

1. TSAIA Public Safety Dispatch requests AFD EMS for transport of assessed CDC Anchorage Quarantine Station - Person Under Investigation (PUI).
2. Hospital, medical provider, or public health agency request AFD EMS for transport of a PUI.
3. 911 Caller - AFD Dispatch as appropriate should question callers and determine the possibility this call concerns a person who may have signs or symptoms and risk factors for 2019-nCoV (using the assessment flowchart identifiers below).
   - Dispatch will relay information to responding crews and personnel will don PPE before entering scene.

General Patient Assessment of Possible 2019-nCoV Patient

AFD personnel will maintain 6 foot distance until assessment rule-out or PPE in place

A.

Identify

if in the past 14 days since first onset of symptoms a history of either

Travel to China

OR

Close contact with a person known to have 2019-nCoV illness*

B.

AND the person has

Fever or symptoms of lower respiratory illness (e.g., cough or shortness of breath)

- Close contact is defined as within 6 feet, or within same room or care area, of a patient with confirmed 2019-nCoV without wearing PPE for a prolonged period of time or having direct contact with 2019-nCoV patient secretions.
- Fever may not be present in all patients, including those who are immunocompromised, very young, elderly, or taking fever-lowering medications.

Treatment and Transport Guidelines

1. If patient assessed as suspected 2019-nCoV infection, initiate standard, contact, and airborne PPE precautions including gloves, gown, N95 respirator, and eye protection (goggles or disposable face shield that fully covers front and sides of face).
2. All personnel should avoid touching their face while working.
3. Follow CDC Anchorage Quarantine Station recommendations if patient at TSAIA.
4. Drivers, if they provided direct patient care, should remove and dispose of PPE in biohazard bag and perform hand hygiene with an Alcohol-Based Hand Cleaner (ABHC) before entering cab.
   a. If the cab cannot be entirely isolated from the patient care compartment, the driver should wear a N95 during transport.
5. Limit the number of personnel in the patient care compartment to essential providers only.
6. Notify receiving hospital early of potential 2019-nCoV infection so their precautions can be taken ahead of arrival, PPE precautions in place, and request AFD Dispatch notify closest Battalion Chief and the Safety Officer.
   a. The Safety Officer will notify the HSO for reporting guidance.
7. Precautions for aerosol-generating procedures:
   a. Defer, if possible, all aerosol-generation treatments (e.g., BVM, oropharyngeal suctioning, endotracheal intubation or rescue airway insertion, CPAP, nebulizer).
   b. If treatment is necessary and it is safe to do so for both provider and patient, if possible before start of transport or by pulling off the road safely, open the rear doors of the ambulance and activate the HVAC system during aerosol-generating procedures. Avoid areas were people are at for their safety and patient privacy.
8. During transport, activate rear exhaust fan to draw air away from cab and out of patient care compartment to the outside.
9. Family members or other contacts of patients should not ride in the ambulance.
10. Follow directions from hospital staff for moving patient to designated isolation room.
11. Leave rear doors of ambulance open after patient is removed to allow for sufficient air exchange.
   a. Notify any EMS or hospital staff present that ambulance is contaminated and to stay clear.

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<thead>
<tr>
<th>Decontamination Guidelines</th>
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<tbody>
<tr>
<td>1. Ambulance and crew will remain out of service in Rehab for as long as is necessary.</td>
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<tr>
<td>2. Properly remove and dispose of PPE in biohazard container at hospital. Wash hands using soap and water, or at a minimum an ABHC.</td>
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<td>3. Don new set of PPE to include gown, N95 mask, and eye protection as above to disinfect ambulance, equipment, and work boots per AFD policy.</td>
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<td>4. Use Cavicide™ or another EPA-registered disinfectant listed as effective against human coronaviruses.</td>
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<tr>
<td>a. Rear doors should remain open while cleaning and disinfection procedures are being completed.</td>
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<td>5. All surfaces in ambulance that may have come in contact with the patient or contaminated materials should be thoroughly cleaned and disinfected (e.g., stretcher, rails, control panels, floors, walls, work surfaces, and non-consumable equipment).</td>
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<tr>
<td>6. Properly remove and dispose of PPE in biohazard container at hospital. Wash hands.</td>
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<tr>
<td>7. Change out uniform apparel at hospital if spare clothing available, or immediately upon returning to quarters. Launder uniforms per policy.</td>
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