38. COVID-19 Precautions

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38.1 Purpose and Expected Results

The Squad strives to provide a safe environment for workers and patients. COVID-19 has an overall lethality estimated to be between 3.4 %and 3.7%. China's data (adjusted from the initial 2.2% overall lethality estimate) indicates estimated lethality for older persons is much higher:

60 -69 years	5.4%
70-79 years	13.5%
>80 years	22.2%

A large number of Squad members are over 60 years old.

The novel coronavirus which causes COVID-19 is spread by macro and micro droplets expelled from an infectious person by coughing, sneezing, or touching mouth, nose, or eyes. An infectious person is probably symptomatic (most contagious), but may have no symptoms. The virus may also spread by touching a recently contaminated object (up to 12 hours, perhaps more) and then touching one's mouth, nose, or eyes. There are instances of community spread, i.e. a person becomes infected from an unknown source.

The purpose of this guideline is to reduce the probability that a Squad member will contract COVID-19. This guideline implements the Federal CDC's *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.*

38.2 Circumstances of Applicability

For the duration of either the State or Federal "state of emergency" regarding COVID-19:
- Mandatory if dispatched to a "Code 99", i.e. possible COVID-19 exposure.
- Mandatory for any patient who exhibited a sneeze, cough, signs or symptoms of an upper respiratory infection (sore throat, cold, flu, etc.), or a temperature of 100.4°F or higher.
- Mandatory for any patient who abides in an environment with one or more persons who exhibit sneezing, coughing, signs or symptoms of an upper respiratory infection, or fever.
- Very highly recommended for all providers 50 years or older, regardless of patient's signs or symptoms.
- Highly recommended for all patients.

38.3 Requisites

Availability of personal protective equipment (PPE) and sanitizing resources:
- Disposable surgical mask
- Disposable non-latex examination gloves

- Disposable N95 (or better) respirators; fit tested for each provider
- Disposable face shields, if available[i]
- Disposable isolation gowns, if available[ii]
- Hand sanitizing solution or hand washing facility
- Ambulance and equipment sanitizing materials

38.4 Guidance

If dispatched to a "Code 99", then minimize the number of responders to the number sufficient to handle the call as dispatched. Those persons responding should don PPE before encountering the patient. Otherwise, consider findings at "doorway" (initial) and following assessments.

38.4.1 During patient contact

At the earliest opportunity:
1. Don gloves [all providers] (which drivers remove before driving)
2. As feasible, apply a surgical mask to the patient.
3. Don respirators [all providers]. This is very highly recommended for providers 50 years or older, for all patients.
4. Don gowns, if available [patient compartment providers]
5. Don face shields, if available [patient compartment providers]

If feasible, provide fresh air ventilation of driver and patient compartments.

38.4.2 After transfer of patient care

1. Doff and safely dispose of PPE
2. Sanitize hands (washing or hand sanitizer)
3. Don gloves and sanitize all devices and equipment which was in contact with the patient. Consider:
   a. Stretcher
   b. BP cuff(s)
   c. Stethoscope(s)
   d. Pulse-oximeter(s)
   e. Thermometer
   f. ECG leads
   g. Etc.
4. Sanitize ambulance floor, areas touched while wearing gloves, and other areas that may have been contaminated. Consider:
   a. Glucometer and glucometer bag
   b. Stethoscope bag(s)
   c. Door handles and latches
   d. Etc.
5. Sanitize hands

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[i] Should a face-shield be unavailable, the provider should wash ones face at the conclusion of the call.

[ii] Should an isolation gown be unavailable, the provider should launder the outer clothes worn no later than end of shift.