# COVID-19 Operations Manual

**Sedgwick County EMS**  
**Version 1.6, April 7, 2020**

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1 INTRODUCTION

With all the disparate information coming from multiple sources, Sedgwick County EMS is trying to consolidate as much information as possible into one document that can be accessed by crews as a "one-stop-shop" for all issues related to COVID-19. Be aware that as this situation evolves, information changes on a daily, and sometimes hourly, basis. This document will be updated daily as new information becomes available.

- If you come across information that you feel should be shared with the service, please email administration with the information you have come across. Include attachments, links to websites, and any other pertinent information which could be used to vet the information before distribution.
- Information about COVID-19

- COVID-19 is the name of the disease that is caused by the SARS-CoV-2 virus. COVID-19 is a viral illness with no current vaccine or specific treatment. The typical symptoms are fever, cough, and shortness of breath that develop 2-14 days following exposure. Some cases have mild to no symptoms, and many will go untreated and unreported. One of the main vectors for this virus to enter your body is indirect contact with mucus membranes (transfer of the virus from your hands to your face); therefore, daily cleaning of all touchpoints (doorknobs, handles, rails) is essential. This virus is community spread in Kansas, so daily self-monitoring and being cognizant of touchpoints in public are also extremely important.

1.1.1 COVID-19 Medical Literature

UpToDate is a cultivated literature review subscription service used by many healthcare professionals to access articles that summarize the body of literature on a given topic. The paywall has been taken down on COVID-19 related articles. You can find a list of these articles here. If you want a deeper dive into the medicine surrounding COVID-19, start with this article, aimed at clinicians. If you're going to explore the medical literature more, here are a few other articles:

- The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak
- Features, Evaluation and Treatment Coronavirus (COVID-19)

Please be diligent and responsible where you are getting your information. There is a lot of anecdotal and sensational information being spread around social media that has not been verified.

1.1.2 COVID-19 Cases

- To see the most recent case information on the count of confirmed COVID-19 cases, visit the Centers for Disease Control Coronavirus cases in the US page.
- For Kansas specific information, visit the Kansas Department of Health and Environment Coronavirus Page. Both of these pages are updated daily.
- For Sedgwick County specific information, visit the Sedgwick County Health Department Coronavirus Page
2 GENERAL PREPAREDNESS

2.1 SELF-MONITORING

- Every employee needs to self-monitor every day
- You should be checking your temperature daily at home
  - DO NOT report to work and leave immediately if you have
    - Fever greater than 100°F with cough or dyspnea
  - Beginning of every shift
    - Verify your partner is afebrile and asymptomatic
      - This should be checked either with the ambulance thermometer or as an option you can bring a thermometer from home to verify if you are more comfortable with that.
      - This should be done at the same time as checking your narcotics.
- If you develop fever with cough or dyspnea
  - On-Duty
    - Place your unit 10-6 and notify your Shift Commander
    - Leave work immediately and follow home guidelines if safe to do so
  - Home guidelines
    - Self-Isolate
    - Contact your healthcare provider or the health department's phone line at 211.
    - Contact a Shift Commander by phone (if not already done)
    - Guidance on best practices can be found at CDC Guidance

Rationale: With Coronavirus, many people may have very mild and tolerable symptoms. However, it can still be deadly for your co-workers or patients. We need to protect each other and our patients. It is an unjustifiable risk to put others in harm's way and even more so during this. If you are working with someone who has symptoms and they do not leave, contact a shift commander to deal with the situation.

2.2 CREW/STATION/AMBULANCE PREPARATION

2.2.1 General guidelines

- DO NOT report to work if you have a fever or respiratory symptoms.
- Hand Washing
  - Frequent hand washing is critical
  - Dry hands completely, residual moisture can actually “rehydrate” virus and cause it to live longer
2.2.2 Universal Masking

- Wear a surgical mask or equivalent from the beginning of your shift until the end
  - If you must remove mask (i.e. to eat or drink)
    - Ensure you are at least 6 feet away from anyone else
    - Clean area with EPA certified cleaner immediately after
  - If you need to remove the mask to take a break
    - You should be outdoors and at least 6 feet from anyone else

- Key components
  - The primary goal of universal masking is to protect our patients and coworkers from asymptomatic, pre-symptomatic, or atypical symptoms.
  - Proper hand hygiene is critical and should be employed along with universal masking.
  - These masks are to protect non-COVID-19 patients, hospital staff, coworkers, and allied agencies.
  - You need to switch to your MSA mask or N95 if you are responding to a suspected COVID call.

- Procedure
  - You will be issued 5 surgical style masks and paper bags
    - Paper bags will be available at supply posts.
  - Use your paper bag to store your mask in between uses (i.e., if switching to N95 mask)
  - Wear one mask per day and at the end of the day place it in the PAPER bag
    - These cannot be placed in plastic or a sealed container as mold, fungus, viruses, and bacteria will proliferate.
    - Preferred storage area is your locker at post
  - Replace mask if it becomes soiled, ripped, or deformed
  - At end of each shift place your mask in the paper bag
    - Label with your name and date
    - Seal the bag
  - Re-use masks only after 6 days.
  - Replacement masks can be obtained at supply posts, from shift commanders, or logistics.
  - You can wear cloth or homemade masks over the surgical mask
    - Our partners at the Hospitals are not comfortable with homemade masks only
    - Home masks if worn should be laundered daily

Rationale: There are numerous reports of the spread of coronavirus 1-3 days before the development of symptoms as well as with very mild to no symptoms at all. As healthcare workers we are all at a high risk of developing this illness and can be considered a “high risk group” due to our frequent encounters with infected persons. We also have frequent interactions with people with existing health concerns that make development of a concurrent COVID infection even more deadly. With our frequent exposure to sick, immunocompromised, long shifts, and close proximity to co-workers, it has become apparent that the only safe option is to use Universal masking to keep both ourselves and the community safe.
2.2.3 Uniform

- Best practices
  - Wear normal clothes or uniform to work
  - DO NOT wear your uniform home
  - Shower before leaving the post
  - Launder uniforms in water on the warmest setting
    - Dry completely

2.2.4 Ambulance

- The pass-through door should remain closed and only opened on an as-needed basis.
- Clean ALL surfaces of the ambulance at beginning of shift, or as soon as practical.
  - Cab, steering wheel, microphones, radios, keys, gear shift, door handles, etc.
- Floor should be mopped with bleach water solution

2.2.5 Station

- Clean your workstation with germicide.
  - Keyboards, phones, mice, refrigerator handles, recliners, etc.
- Floors should be cleaned daily with bleach.
- Cleaners for station disinfection
  - Foam Germicide, specifically: Claire Disinfectant Spray Q Lemon Scent (Yellow can)
  - GS Neutral Disinfectant Cleaner
  - Virex II
- You may also use other cleaners, but note that they are not EPA registered. EPA registered products are products that the manufacturer has submitted documentation that they are effective against a specific pathogen and have been given permission to advertise on their product that it kills said pathogen. Even if the active ingredients are the same on similar products, only the EPA registered one can print on the label that they are effective against the pathogen. The EPA has stated "Inclusion on this list does not constitute an endorsement by EPA. There may be additional disinfectants that meet the criteria for use against SARS-CoV-2. (Environmental Protection Agency, 2020)." Additional cleaners that are not EPA registered but should be effective against SARS-CoV-2 are:
  - Foam Germicide, specifically Claire Germicidal Cleaner (Green can)
  - Mark II cleaner
  - Bleach: add 4 teaspoons of bleach to 32-ounce water
  - Alcohol 70%: add 2 parts 99% alcohol to 1 part water

Rationale: One of the best ways to protect everyone is daily cleaning of our stations. This should occur every shift. You also need to take care of yourself and your work boots and uniform WILL gather bacteria and viruses among other things every shift. The best practice is to shower at the end of your shift and change out of your uniform. Your uniform and boots will gather bacteria and viruses during your shift so you should strive to break that link of transmission.
2.3 **Changes to Operations:**

2.3.1 **Incident Command**
- Within Sedgwick County, the COVID-19 outbreak has been declared a disaster and the Incident Command Structure is live and in place. The name of the incident is "SG COVID-19".
- The Sedgwick County Health Department is the Incident Commander for this incident.
- Those who are interested in viewing the Sedgwick County Health Department Incident Action Plan can do so in NinthBrain, in the file cabinet. The document is titled "SCHD IAP 3-24-20.pdf"
- **As of right now, there is no operational impact of the incident command structure from the perspective of front-line staff.**

2.3.2 **Rider Reduction**
- No riders are permitted to ride in the ambulance with the exception of pediatric and obstetric patients. This aligns with current "no visitor" policies being enacted by local hospitals.
  - Riders should ideally be transported in the patient compartment to protect the cab.

2.3.3 **Hospital Redirect**
- Hospital system preferences of patients should be honored, however suspected COVID-19 patients should be redirected within hospital systems to larger facilities with enhanced preparedness for these patients.
  - Wesley patients should be transported to Wesley Main
  - Via Christi patients should be transported to Via Christi St Francis
  - Kansas Medical Center patients should be transported to the main campus in Andover
  - VA will accept or divert per normal procedure
  - Rock Regional should not receive any EMS patients
3 Patient Care

3.1 Before Patient Contact:

- Be aware for potential COVID cases from dispatch information
  - Exercise a high degree of suspicion
  - A "Doorway Triage" may be appropriate
    - One provider makes contact while the other stands by
    - Assess for signs/symptoms of COVID before getting within 6 feet of patient
    - 2nd provider should ideally be in distance to hear partner but not in the immediate area to limit exposure

**Doorway Triage**

*Begin Assessment at Door / Before Contact*

- 6 Feet Away When Possible
- UpWind When Possible

Is the patient under quarantine for COVID-19?

Had known contact with a confirmed COVID-19 patient in the last 14 days?

Any respiratory complaints? (DysPnea/Cough)

Yes to any of the above

Provider: N-95, Glasses & Gloves

Or MSA Respirator & Gloves

Patient: Surgical Mask

Other Special Considerations...

- Has the patient had a recent temperature or experienced chills/sweats?
- Has the patient experienced any chest pains in addition to other symptoms?

Gown?
- **Grooming**
  - Beards should not be maintained that cross the seal of a mask
  - Long hair should be fastened in a ponytail or similar manner so as not to come in contact with mucus membranes at any time
- **Don appropriate PPE:**
  - N95 mask or MSA 1000 mask
    - The CDC recommends that N95 masks should form a seal on bare, clean shaven skin (beards and/or stubble will not form a reliable seal with an N95 mask).
    - N95 masks offer 95% filtration of 0.3 microns (N means not oil proof)
    - The P100 filters offer 99.8% filtration of 0.3 microns (P means oil proof)
  - Eye protection with side splash guards (personal eyeglasses are NOT considered adequate eye protection). CLEAN and REUSE eye protection, as these items are limited.
  - Gloves (single pair is sufficient)
  - Disposable gown – ideally, a gown should be worn for all potential COVID-19 exposures. However, we have a limited supply of gowns and are unable to obtain more. Therefore, we are operating under a "Crisis Capacity Strategy" for gowns. This means we are prioritizing when gowns should be worn. See the CDC Gown Guidance for more specifics. If a patient is able to ambulate and transfer themselves to and from the cot, and their face is covered with a mask, a gown is not necessary.
    - Gowns should be worn in the following situations for a suspected COVID-19 patient:
      - If a patient has to be lifted or carried
      - Nebulized breathing treatment
      - BVM
      - Airway suctioning
      - Airway adjunct placement
        - Oral/nasal airway
        - iGel
        - Intubation
  - **If possible, limit exposure of allied agencies:**
    - Do not risk patient or provider safety to do so.
    - It may be appropriate to have first responders remain outside the home until it is determined if they will be needed.
  - **Bring a surgical mask in for the patient:**
    - Immediately place mask on patient
    - You may use oxygen adjuncts under surgical masks.
  - **Limit equipment brought into environment:**
    - All equipment exposed to patient will need to be decontaminated

*Rationale: we can limit our risk and exposures if we are careful about what resources are brought next to a patient. The less time in the environment and within 6 feet of the patient the lower our risk of contamination. We have a limited supply of PPE both in the state, nation, and world. We are working to obtain more but timeframes on when items will be available are unknown. We should do our best to safeguard our supply of PPE.*
3.2 **Assessment**

- Signs symptoms of COVID-19
  - Fever (greater than 100.4°F and
    - Cough (typically a non-productive cough) or
    - Shortness of breath
  - Be cautious for Fever with chest pain
    - Myocarditis or pericarditis could be COVID-19
  - Sudden loss of smell (Anosmia) or taste has been reported in some patients
- If signs/symptoms match COVID-19:
  - Early notification of the hospitals should be done
  - Presenting Symptoms should be clearly communicated
  - Surgical mask placement on the patient
    - This can be done over airway adjuncts
  - Travel history may be gathered but is no longer needed for diagnosis of COVID

*Rationale: COVID is now community spread in many parts of Kansas. The travel component is not nearly as effective as a good assessment especially as cold, flu, and allergies share many symptoms with COVID*

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3.3 **Treatment**

- Most cases will be mild and will not need EMS or emergency room treatment.
- Supportive care is usually sufficient in even the most severe patients.
  - A Nasal Canula can address many of the airway issues without need for escalating the airway algorithm.
- Aerosol generating procedures (nebulized medications, CPAP, BVM, airway suctioning, invasive airway management) should be used judiciously. Unnecessary interventions will greatly increase your personal risk.

*Rationale: One of the best ways to easily spread this virus to your mucous membranes is to aerosolize it into the air. Nebulized medications do a great job of taking virus and getting it into the air where it can live for several hours. We have tried to order viral filters for BVMs and CPAP and they are on backorder and we cannot get them, an alternate strategy is lightly draping a surgical mask over the exhaust port.*
3.4 **Termination of resuscitative efforts**
- Patients who have declined to the point of cardiac arrest due to COVID-19 are very unlikely to recover
- When working a cardiac arrest that you suspect is **CAUSED by COVID-19** then please call medical direction as early as possible
  - This should be done through the MDC line (316) 530-2901
  - An ER physician is not appropriate for these decisions at this time.
  - Gather information on why you think this cardiac arrest was **CAUSED by COVID**
    - E.x. Pt is diagnosed with COVID-19, has been struggling to breathe, has a hx of diabetes, and heart failure, but refused to be seen in the ER the previous day.
- Information needed
  - Why you suspect COVID is the cause of arrest
  - Co-morbidities
  - End-tidal Co2 and presenting rhythms

**Rationale:** Someone who has entered cardiac arrest from COVID-19 is likely to have a very high viral load and a very poor prognosis. A prolonged resuscitation that is futile can cause more harm than good by exposing family, friends, and responders in proximity to the patient to a very high viral dose to aerosolized virus particles. Cardiac arrest treatments are some of the very best at getting virus out and into the air. This is however, a very delicate balance and the risk/benefit ratio is one that at this time is best evaluated by our medical directors Dr. Gallagher and Dr. Pereira.

3.5 **Refusals**
- If a patient wants to refuse transport and has a high likelihood of COVID-19:
  - Encourage them to call the COVID triage line at 211.
  - This will help get them in contact with the health department to guide testing

3.6 **Transports**
- **Driver:**
  - Doff gown (if worn) and gloves BEFORE touching driver's door.
  - Use hand sanitizer upon entering cab.
  - Replace gloves.
  - Close the pass through (between the cab and box) if not already done.
  - Cab air should be placed on high, non-recirculating.
  - Do not transport family members in the cab of ambulance
- **Patient care provider:**
  - Hand sanitizer can and should be used over gloves.
  - Limit surfaces you touch.
  - Be cognizant not to touch face.
  - Air should be on high, exhaust fan should be on high.

3.7 **Transport Complete**
- **Driver:**
  - Place yourself transport complete
  - Preform hand hygiene and don new gloves and gown if indicated
  - Ensure mask and eye protection are on
  - You should lead the cot and open all doors as you are “clean”
• Patient Care Provider
  o Ensure the patient is wearing a surgical mask prior to entering facility
  o Clean gloves with hand sanitizer
  o Do not touch hospital surfaces or keys if you have not replaced gloves

• In hospital
  o If requested, you may replace PPE with clean PPE provided by the hospital
    • Gloves and gown would be the only PPE safe to switch until full transfer of patient care
    • Do not get into a lower level PPE.
      • I.e. if you are in gown, continue wearing or replace with gown
      • Do not replace your MSA or N95 respirator with a surgical mask
    • You need to be in full PPE (Gloves, respirator, eye protection, and gown if indicated) anytime you are within 6 feet of the patient.
  o After transfer of care
    • You should remove gloves and gown once transfer of care has occurred in room
    • Perform hand hygiene with soap and water if possible
    • Replace gloves and move cot either outside for cleaning or into hospital decontamination room.
      • Cleaning the cot should be done in full PPE, but can cause anxiety if done in close proximity to people who are not wearing PPE
    • Once complete with all cleaning and you have removed all PPE please wash hands inside hospital with soap and water.
3.8  **DOCUMENTATION OF PATIENT CARE**

3.8.1  **Flagging a ticket as a possible COVID-19 patient**
In HealthEMS, under the CALL/CREW tab, within the Incident Information section, there is a field titled “Special Event”. Select COVID-19 from the options to flag suspected or known COVID-19 patients. See below for screen shots.

![Screen Shot of HealthEMS with COVID-19 flagging](image1)

3.8.2  **Documentation of PPE used by providers.**
See the below example of how to document PPE that the provider had on for the call. Additional explanations should be made in the Narrative.

![Screen Shot of HealthEMS with PPE documentation](image2)
Select the clipboard icon next to each crew member.

Choose which PPE was used on the call. If a gown was worn, mark as Other and add to narrative.
4 DISINFECTION

4.1 DISINFECTION AFTER A CALL

- After transferring patient, you should remove gloves doff gown, wash hands, and replace gloves
- Weather permitting you should attempt to disinfect your cot outside while allowing the ambulance to “air out”
  - If high winds, rain, or other inclement weather prevents outdoor cleaning
    - The hospital Decontamination rooms should be used as an alternative cleaning location
- Wear N95 or MSA 1000, eye protection, and gloves
  - Gown only required for a grossly contaminated ambulance
- Clean with EPA certified cleaner
  - Allow 10 minute wet time for GS Neutral Disinfectant Cleaner
  - Allow 5 minute wet time for Claire Disinfectant Spray Q
- All equipment brought within six feet of patient will need to be disinfected
- Doors to ambulance should be open fully during Decontamination with exhaust and HVAC on high.
- When complete doff PPE and perform hand hygiene again.

4.2 SPARTAN, GS NEUTRAL DISINFECTANT CLEANER

General Information: We have switched our primary disinfectant chemical to GS Neutral Disinfectant Cleaner by the Spartan Chemical company. We have made this adjustment for several reasons. Primarily it is EPA certified to kills SARS-CoV-2. Our existing disinfectant cleaners (Claire foaming germicide and Mark II) are not currently on the EPA list. Our existing foam germicide has been submitted to the EPA for approval, but we have no way of knowing where it is in the list or if it will ultimately be certified. This caused a search for a disinfectant that is EPA certified to keep you safe. This lead us to the second reason we choose GS Neutral Disinfectant Cleaner. That is because the list of EPA certified cleaners was initially only 200 products and there was a rush from all across the country to buy the certified products. We had to go to new vendors and set up new purchasing agreements, but we feel that the GS Neutral Cleaner was the best option for a continual supply. We did not want to have to change disinfectants or procedures multiple times a week. Out of the supply of available disinfectants the only ones we could get a reliable supply of are very dilute, so we also had to come up with a tool for dispersal as well as a way to distribute the cleaner.

4.2.1 How to prepare Spartan, GS Neutral Disinfectant Cleaner

- Cleaner is supplied in a pre-filled “tip & pour” container.
- Sprayer is a ½ gallon low pressure sprayer (2000ml)
- Fill Sprayer with ½ gallon of water (approx. 1900ml)
- Measure 1 ounce of cleaner in top of tip & pour
  - Wear gloves when handling concentrated chemical and wash skin immediately if exposed.
- Pour cleaner into sprayer carefully.
4.2.2 Cleaning of the ambulance

- Fold the MCT down
  - Do not spray directly on computer
  - Avoid spraying radio heads
- Spray liberally on all hard surfaces
- Allow 10-minute wet time
  - You can either wipe after 10 minutes or allow to air dry
- To clean sensitive areas (MSA mask, Radio heads, Computer, Ipad, Etc..)
  - Spray cleaner onto Wyp-all then wipe areas.

4.2.3 Storage and re-supply

- One Sprayer will be supplied to every ambulance
  - Please keep in provided bracket in the inside outside cabinet
- One Tip & Pour to every station
- One Tip & pour at Wesley & St Francis
- To get your cleaner re-filled please fill out a post supply order form and write it in the notes section
  - This will take a few days so please don’t wait until you are completely out
- Shift commanders will carry spare cleaner to re-fill in emergency situations
- SDS form for both concentrate and dilute cleaner can be found at
5 REPORTING

5.1 WHEN TO FILL OUT EXPOSURE FORMS
See the below flow chart for the process of reporting COVID-19 exposures. Check back often as this section will likely be changing as the situation in our community evolves.

Commentary: If you are wearing appropriate PPE and you treat a suspected COVID-19 patient, the only documentation you have to do is the flagging of the call and documentation of the PPE, as outlined in 3.8.
EXPOSURE RISK FACTORS FOR PROVIDERS

HIGH RISK

- PROVIDER NO PPE
- PATIENT NO PPE

MEDIUM RISK

- PROVIDER NO PPE
- PROVIDER N-95 MASK
- PATIENT SURGICAL MASK
- PATIENT NO PPE

LOW RISK

- PROVIDER N-95 MASK
- PROVIDER N-95 MASK GLASSES
- PATIENT SURGICAL MASK
- PATIENT SURGICAL MASK

...if it's predictable, it's preventable.
5.2 WHAT CONSTITUTES AN EXPOSURE
Per Sedgwick County Risk Management, an employee shall meet the following standard before reporting the exposure to Workers Compensation/Safety:

- Unprotected exposure (lack of appropriate PPE* or malfunction of PPE) to a suspected positive patient or client
- Contact with a known positive COVID-19 patient (regardless of PPE worn)
  - I.e. transporting a known positive COVID-19 patient between facilities.

*Appropriate PPE per the CDC/KDHE are N95 mask, eye protection (goggles or face shield, eyeglasses do not count), and disposable gloves (Healthcare professionals should also use a disposable gown if they suspect splash/spray/high patient contact).

If a patient that you transport is later tested positive for COVID-19, you will be asked to fill out exposure paperwork, AFTER the positive test results are reported to EMS, even if you were wearing full PPE.

5.3 REPORTING PROCEDURE

- Notify your Shift Commander
- Fill out an “On the Job Injury/Exposure (OJI/E)” form and check COVID
- A Shift commander will need to fill out their supervisor form
- We will be following the CDC post-exposure recommendations

5.4 RETURN TO WORK

- If you are ill with symptoms consistent with COVID-19 or have laboratory confirmed COVID
  - Off for a minimum of 7 days since symptom onset
- **And** at least 72 hours since recovery*
  - Recovery defined as resolution of fever without fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath)
- We will be following CDC guidelines found [here](#)
6 Resource Web Sites:

6.1 COVID-19 Updates

- New Coronavirus cases in the United States
  

- New Coronavirus cases in Kansas

  https://govstatus.egov.com/coronavirus

- Sedgwick County Coronavirus Page

  https://www.sedgwickcounty.org/covid-19/

6.2 Mental Health Resources

- Emergency Responders: Tips for taking care of yourself

  https://emergency.cdc.gov/coping/responders.asp

- Coping After a Disasterpdf icon – A Ready Wrigley activity book for children age 3-10
- Emergency Responders: Tips for taking care of yourself
- Disaster Technical Assistance Centerexternal icon (SAMHSA)
- Develop a Buddy System with your partner
- COMCARE Crisis 660-7500
## Updates

<table>
<thead>
<tr>
<th>Date</th>
<th>Section</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.29.20</td>
<td>4.1</td>
<td>Added to clean cot out of the way in hospitals if possible</td>
</tr>
<tr>
<td>3.30.20</td>
<td>2.2</td>
<td>Added uniform laundering guidance</td>
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<tr>
<td>3.30.20</td>
<td>2.33</td>
<td>Clarified hospital destination</td>
</tr>
<tr>
<td>3.30.20</td>
<td>3.2</td>
<td>Added signs/symptoms to assessment</td>
</tr>
<tr>
<td>3.30.20</td>
<td>4.2.3</td>
<td>Added uniform into decontamination procedure</td>
</tr>
<tr>
<td>3.30.20</td>
<td>5.3</td>
<td>Added pictures to help clarify forms</td>
</tr>
<tr>
<td>3.30.20</td>
<td>5.4</td>
<td>Added return to work guidelines</td>
</tr>
<tr>
<td>3.31.20</td>
<td>3.6</td>
<td>Added hospital procedures</td>
</tr>
<tr>
<td>4.1.20</td>
<td>3.1</td>
<td>Added Doorway Triage</td>
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<tr>
<td>4.1.20</td>
<td>3.6</td>
<td>Added Transport complete section</td>
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<tr>
<td>4.1.20</td>
<td>4.1</td>
<td>Added new cleaners, changed Century 2 disinfection to an optional step.</td>
</tr>
<tr>
<td>4.2.20</td>
<td>4.2</td>
<td>Removed Century 2 decon procedure</td>
</tr>
<tr>
<td>4.3.20</td>
<td>4.2</td>
<td>Added Section on Spartan Chemical</td>
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<tr>
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<td>5.1</td>
<td>Updated flow chart</td>
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<tr>
<td>4.6.20</td>
<td>2.2.2</td>
<td>Updated Universal Masking</td>
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<tr>
<td>4.6.20</td>
<td>3.4</td>
<td>Added Termination of resuscitative efforts</td>
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<tr>
<td>4.6.20</td>
<td>5.1</td>
<td>Updated flowchart</td>
</tr>
<tr>
<td>4.6.20</td>
<td>5.4</td>
<td>Updated flowchart</td>
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</tbody>
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