1114 South 16th Street
Birmingham, Alabama 35205
(205) 934-2595

March 22, 2020

Info from BREMSS Medical Director, Will Ferguson, MD:

Transport of a PUI/COVID-19 Patient

Just some help with the flow sheet put out by ADPH OEMS on March 16.

Remember per the ADPH OEMS Flow sheet, if you do not have on full, appropriate PPE and have patient contact with a PUI **[PUI=Person Under Investigation]** or confirmed COVID patient, there is a 14 day self-isolation *(No work)*. And we need all of you right now!

Appropriate PPE should be defined by CDC, (see link below), but in short:

ANY patient with cough, viral illness symptoms, hypoxia, SOB, obviously travel outside the US, or any critically ill patient needing BVM or intubation should be a potential PUI (especially as each hospital may have some slightly different interpretation of a PUI).

So:

For any patient with viral symptoms, place a surgical mask on the patient and yourself. Everyone else should be 6 feet away from the patient unless needed for patient care. But, if doing patient care, or closer than 6 feet, you need a mask (*Surgical is fine*). This alone will limit most risk per CDC and keep the crew in the low risk exposure category (*And crew will not have to be pulled from work).* They can continue to work with delegated supervision (self-monitor per agency plan, i.e., some places do temp checks, some just having employee notify supervisor if ill, fever, cough, SOB, etc. (No mandate by ADPH OEMS on how you do this)).

Obviously if having to make close contact with patient, moving, providing additional care, procedures, you can consider adding goggles, gown, and N95 if available (not required).

However if the patient is not wearing a mask, you **MUST add googles** to keep this exposure categorized as low risk. Otherwise, crews will have to self-isolate at home for the 14 days after contact, if patient is classified by hospital as PUI.

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If performing any nebulizer treatments, CPAP, BVM or intubation, you must add goggles, N95 and gown (If no gown available or an alternative, you should change clothes post patient contact). **Otherwise you are *med/high risk exposure* and meet guidelines to be pulled from work to self-isolate by the flowsheet.**

(So avoid nebs, CPAP if able, but if you have to, use appropriate PPE and notify hospital before entering ED.)

Lastly, remember that each hospital may have different PPE rules, criteria for identifying a PUI, and other requests that we cannot control. Please be accommodating within reason.

Tips:

Avoid high flow oxygen if able, but if patient needs it, try and put surgical mask over the NRB mask.

Place a surgical mask over nasal cannulas if you can.

If needed, consider doing nebs on scene and avoid doing in the ambulance if you can.

Give pertinent report to hospital before you enter, *as you always do, but especially notify them of concerns for PUI and if giving O2, nebs or other high risk of transmission procedure.*

Also, we are screening all STEMI/Stroke/Trauma System entries for COVID as well. Be prepared to say "Yes" if you are concerned for viral illness, "No", or "Unable to determine" when you call ATCC to enter patients.

Remember, if EMSP encounter any COVID-19 related issues they can be connected to an ADPH OEMS on-call physician by calling ATCC. This is optional, not required, for each COVID-19 related call.

Stay safe! Reach out with questions……

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The Following information is more for chief officers, managers, and supervisors; just some CDC links and additional information.

I am aware that staffing issues are becoming a problem, the following is just information. If you have individual questions, reach out to your Occupational Health Officer, or if you do not have one, your Offline Medial Director (You should have one, or if none of the above, feel free to reach out to me.).

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Return to Work Criteria for HCP with *Confirmed or Suspected* COVID-19 (CDC)

Use one of the below strategies to determine when HCP may return to work in healthcare settings

1. *Test-based strategy.* Exclude from work until
    - Resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) *Non-test-based strategy*. Exclude from work until

        1. At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and,**
        2. At least 7 days have passed *since symptoms first appeared*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

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Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
    - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    - Eye protection, gown, and gloves continue to be recommended.
        - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
    - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.

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Waste Management Q/As

Q: What do waste management companies need to know about wastewater and sewage coming from a healthcare facility or community setting with either a known COVID-19 patient or person under investigation (PUI)?

A: Waste generated in the care of PUIs or patients with confirmed COVID-19 does not present additional considerations for wastewater disinfection in the United States. Coronaviruses are susceptible to the same disinfection conditions in community and healthcare settings as other viruses, so current disinfection conditions in wastewater treatment facilities are expected to be sufficient. This includes conditions for practices such as oxidation with hypochlorite (i.e., chlorine bleach) and peracetic acid, as well as inactivation using UV irradiation.

Q: Do wastewater and sewage workers need any additional protection when handling untreated waste from healthcare or community setting with either a known COVID-19 patient or PUI?

A: Wastewater workers should use standard practices including basic hygiene precautions and wear the recommended PPE as prescribed for their current work tasks when handling untreated waste. There is no evidence to suggest that employees of wastewater plants need any additional protections in relation to COVID-19.

Q: Should medical waste or general waste from healthcare facilities treating PUIs and patients with confirmed COVID-19 be handled any differently or need any additional disinfection?

A: Medical waste (trash) coming from healthcare facilities treating COVID-2019 patients is no different than waste coming from facilities without COVID-19 patients. CDC's guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that facility waste needs any additional disinfection.

https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html