



## Coronavirus Response

### PURPOSE

The purpose of this SOP is to establish standards for identifying and responding to request for service involving a Patient under Monitoring (PUM) and/or a Patient under Investigation (PUI) for the novel Coronavirus (COVID-19).

### INTENT

The intent of this SOP is to:

- Screen and Identify patients for COVID-19
- Support an integrated response of First Responder Organizations and MedStar Mobile Healthcare utilizing the Incident Command System (ICS)
- Protect the health and safety of all team members with systematic donning and doffing procedures of Personal Protective Equipment

### DEFINITIONS AND ACRONYMS

**COVID-19:** Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans. The disease is named COVID-19 and virus caused by COVID-19 is referred to SARS-CoV-2

**Patient Under Investigation (PUI):** A patient that has developed symptoms and meets the criteria for testing of COVID-19

**Patient Under Monitoring (PUM):** Someone that is asymptomatic with high risk of developing COVID-19 being monitored by Public Health.

**PPE:** Personal Protective Equipment

**PSAP:** Public Safety Answering Point where a 911 call is received.



## **PROCEDURE**

### ***Standard Precautions***

EMS providers should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a surgical mask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. EMS providers should follow standard procedures when assessing patients for a respiratory illness, including COVID-19:

- Perform initial assessment and history from a distance of 6'
- Place a surgical mask on any patient with cough, sneeze and/or runny nose
  - Surgical mask can be applied if nasal cannula is utilized
- Providers will don N95, N100 or P100 respirator for any patient with cough, sneeze or runny nose
- Providers will don face shield or goggles for eye protections

### ***Patient under Monitoring (PUM)***

The Local Health Authority is responsible for performing all functions to monitor persons that could develop signs and symptoms of COVID-19. Per Texas Statue, the address of any person actively being monitored by Public Health for COVID-19 will be relayed to the local EMS responding Public Safety Answering Point (PSAP) to be notated or flagged in the Computer Aided Dispatch (CAD) program. This will alert call takers and responders that there is a person that has potential for developing signs and symptoms for COVID-19.



## ***PSAP Call Screening***

Request for EMS service received by the MedStar Communications Center will be screened utilizing the Medical Priority Dispatch System (MPDS) Emerging Infectious Disease Surveillance Tool (EIDS). The EIDS is a tool approved by the Medical Director to screen for potential infectious diseases from a specific complaint. For the purposes of COVID-19 MedStar Communications call-takers will screen calls that are identified as a “Breathing Problem” or “Sick Person” as well as any pre-hospital call from a medical facility. Calls will be screened with the following questions:

1. Does the patient have fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)?

**If Answer is “Yes” proceed to the following:**

2. Any person, including health care workers, who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset

**Or**

3. A history of travel from affected geographic areas (see below) within 14 days of symptom onset

Affected geographic area:

- China
- Iran
- Italy
- Japan
- South Korea

If the patient is symptomatic and has been in contact with a lab test confirmed patient for COVID-19 or has traveled to a geographic area where an outbreak is occurring the patient meets the definition of a PUI. The jurisdictional First Responder Organization (FRO), responding MedStar unit will be notified of the positive screening by “PUI for COVID-19” by the MedStar Communications Center and the closest MedStar Field Supervisor will be assigned to the incident.



## **Scene Actions for Patients Identified as a PUM and/or Positive Screening**

Responding agencies will identify a “link-up” location and verbalize the location to the appropriate Communications Center. Once all responding agencies are present, the process of formulating a plan for screening, treatment, extrication from the residence and transport for definitive care will be identified with. A single responder will don the appropriate level of PPE with supervision which includes:

- Goggles/Face Shield
- N95 Respirator
- Gown
- Gloves

Once the provider is donned in the appropriate level of PPE he/she will enter the residence and conduct an assessment and screening to limit exposure to all responders. The initial patient assessment should begin at a distance of at least 6’ from the patient, if possible, and screening should be completed promptly to identify PUI’s and decrease responder exposure. Screening to identify a PUI will include the following:

1. Does the patient have fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)?  
**If Answer is “Yes” proceed to the following:**
2. Any person, including health care workers, who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset  
**Or**
3. A history of travel from affected geographic areas (see below) within 14 days of symptom onset

Affected geographic area:

- China
- Iran
- Italy
- Japan
- South Korea

If the patient is symptomatic and has been in contact with a lab test confirmed patient for COVID-19 or has traveled to a geographic area where an outbreak is occurring the patient meets the definition of a PUI. The responder conducting the screening will communicate to the responders on scene the status of the screening, identify any additional personnel or resources and if the patient’s ability to ambulate to the ambulance.



## **Scene Actions for Responses not identified as a PUI or PUM**

It is reasonable that not all callers with symptoms of COVID-19 will be identified in the call take process and all responders should have a high index of suspicion of a communicable disease for any calls dispatched as “Breathing Problems” and/or “Sick Person”. Responders should have a surgical mask readily available for patient with a cough or sneeze and a properly fit-tested and NIOSH approved N95, N100 or P100 Respirator. The initial patient assessment should begin at a distance of at least 6’ from the patient, if possible, and screening should be completed promptly to identify PUI’s and decrease responder exposure. Screening to identify a PUI will include the following:

1. Does the patient have fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)?

**If Answer is “Yes” proceed to the following:**

2. Any person, including health care workers, who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset

**Or**

3. A history of travel from affected geographic areas (see below) within 14 days of symptom onset

Affected geographic area:

- China
- Iran
- Italy
- Japan
- South Korea

Once responders have identified and/or verified a patient meets the criteria for a PUI all necessary precautions should be taken to prevent responder exposure which includes:

- Limiting the number of responders involved with patient care
- Responders involved with patient care will properly don the appropriate PPE which includes:
  - Goggles/Face Shield
  - N95 Respirator
  - Gown
  - Gloves
- Notify a MedStar Field Supervisor
- Notify Office of the Medical Director On-Line Protocol Guidance (OLPG)

[Screening Guidance](#) can be found on page 10



## **Scene Actions for Positive COVID-19 Screening**

If the patient meets the criteria for a PUI the provider will perform any critical interventions needed to stabilize the patient and advise the remaining responders of the positive screen. The MedStar Field Supervisor on scene will begin performing functions to coordinate a safe and efficient scene response and transport for evaluation. The provider performing the assessment will identify any equipment needs while on scene and request additional personnel as needed. The provider will also determine if the patient can ambulate to the ambulance or will require assistance. The MedStar Field Supervisor will perform the following functions:

1. Supervise the donning of PPE of additional personnel if needed
  - a. Goggles/Face Shield
  - b. N95 Respirator
  - c. Gown
  - d. Gloves
2. Contact the jurisdictional Public Health Authority
  - a. Tarrant County: 817-994-3708
  - b. Denton County: Business Hours- 940-349-2919, After Hours- 940-349-2909
  - c. Johnson, Parker and Wise County: 817-822-6786
    - i. Consultation and verification of screening
    - ii. Any recommendations on destination
3. Prep ambulance for transport
  - a. Seal window between cab and patient care compartment
  - b. Ensure all loose items in the patient care compartment are in a cabinet
4. If the patient can ambulate to the stretcher, determine a route and verify no hazards exist
5. If the patient cannot ambulate to the stretcher the second MedStar provider will be donned in the appropriate PPE
  - a. Goggles/Face Shield
  - b. N95 Respirator
  - c. Gown
  - d. Gloves
6. The MedStar Field Supervisor will identify a route for the stretcher and verify no hazards exist
7. Once the second MedStar provider is in the appropriate PPE he/she will move the stretcher to the patient and provide any patient care assistance or assist in patient movement if needed
8. The patient will be moved to the ambulance and loaded per normal procedures
  - a. Once the patient is loaded and secured in the ambulance no further providers will be permitted to access unless donned in the appropriate PPE
9. Once the patient is loaded and secured in the ambulance the second MedStar provider will be doffed by the MedStar Field Supervisor and don the appropriate PPE for transporting a PUI
  - a. N95 Respirator
  - b. Gloves



10. Patient Care Worksheet should be utilized for documentation to eliminate the need for decontamination of additional equipment

### ***Ambulance Transportation of a PUI***

The MedStar Field Supervisor will be responsible for the coordination of all elements involved in the ambulance transportation of a COVID-19 PUI. Once the ambulance is prepped for transport, patient is safely in the ambulance and any additional providers have been doffed of PPE the MedStar Field Supervisor will obtain the name of the receiving facility and begin the steps to facilitate a safe and efficient transport of a COVID-19 patient:

1. While still on scene the MedStar Field Supervisor will make contact with the facility by phone and advise they will be receiving a PUI for COVID-19
2. The MedStar Field Supervisor will respond to this facility and begin coordinating the transfer of patient care
3. Upon arrival the MedStar Field Supervisor will speak with the Charge Nurse or Supervisor to provide a patient report and identify the following:
  - a. Location of the "Isolation Room"
  - b. Route the receiving facility would like the MedStar crew to take the patient upon entering the facility
  - c. Area for Doffing PPE
4. Upon the ambulance arrival at the receiving facility the MedStar crewmembers will not begin the process of unloading the patient until briefed by the MedStar Field Supervisor
5. The MedStar Field Supervisor will brief the MedStar crewmembers on the following:
  - a. Location of the "Isolation Room"
  - b. Route the receiving facility would like the MedStar crew to take the patient upon entering the facility
  - c. Area for Doffing PPE
6. If the patient can ambulate inside the facility the patient will be assisted to the "Isolation Room"
7. If the patient has to be taken into the receiving facility by stretcher the second MedStar crewmember will be donned in the appropriate PPE
  - a. Goggles/Face Shield
  - b. N95 Respirator
  - c. Gown
  - d. Gloves
8. The rear doors of the ambulance will be left open to increase airflow and assist with decontamination.
9. Once patient care is transitioned to the receiving facility the crewmember(s) will report directly to the doffing area



## ***Transport Considerations***

- Notify the receiving hospital of the need for an airborne infection isolation room (AIIR) for patient placement, if available.
- Consider having the patient compartment exhaust vent on high and isolating the driver compartment from the patient compartment.
- Consider having the driver compartment ventilation fan set to high without recirculation.
- If driver compartment is not isolated from the patient compartment, vehicle operator to wear NIOSH-approved, fit-tested N95 respirator.
- Patients who are intubated should be ventilated with a bag-valve device or ventilator equipped with a HEPA filter on exhalation port.

## ***Donning and Doffing of PPE***

The application and removal of PPE is to be performed in a controlled environment with a systematic process to prevent healthcare provider exposure. A detailed process is included in this SOP. Neither process will begin without a trained observer present with the proper checklist and/or equipment required for the process.

[PPE Donning Checklist](#) can be found on page 11

[PPE Doffing Checklist](#) can be found on page 13

## ***Ambulance Decontamination***

Prior to beginning decontamination of the ambulance and any durable equipment used during the call all providers will be doffed of their initial PPE. The MedStar crewmember(s) will then don the appropriate PPE with supervisor for decontamination:

- a. Goggles/Face Shield
- b. Surgical Mask
- c. Gown
- d. Gloves

The MedStar crewmember(s) will utilize EPA approved cleaning agents for a coronavirus following the manufacturer's instructions.

- Any visibly soiled surface must first be decontaminated using an EPA approved disinfectant.
- Disinfect all potentially contaminated surfaces including the stretcher using an EPA approved disinfectant.
- Medical equipment (stethoscope, BP cuff, etc.) making patient contact should be disposable or cleaned and disinfected using appropriate disinfectants before use on another patient.

Once the MedStar crewmember(s) has completed decontamination he/she will return to the decontamination area for supervised doffing of PPE.





## ***Patient Care***

Refer to OMD COVID-19 Directive for patient care expectations and/or On-Line Protocol Guidance if needed.

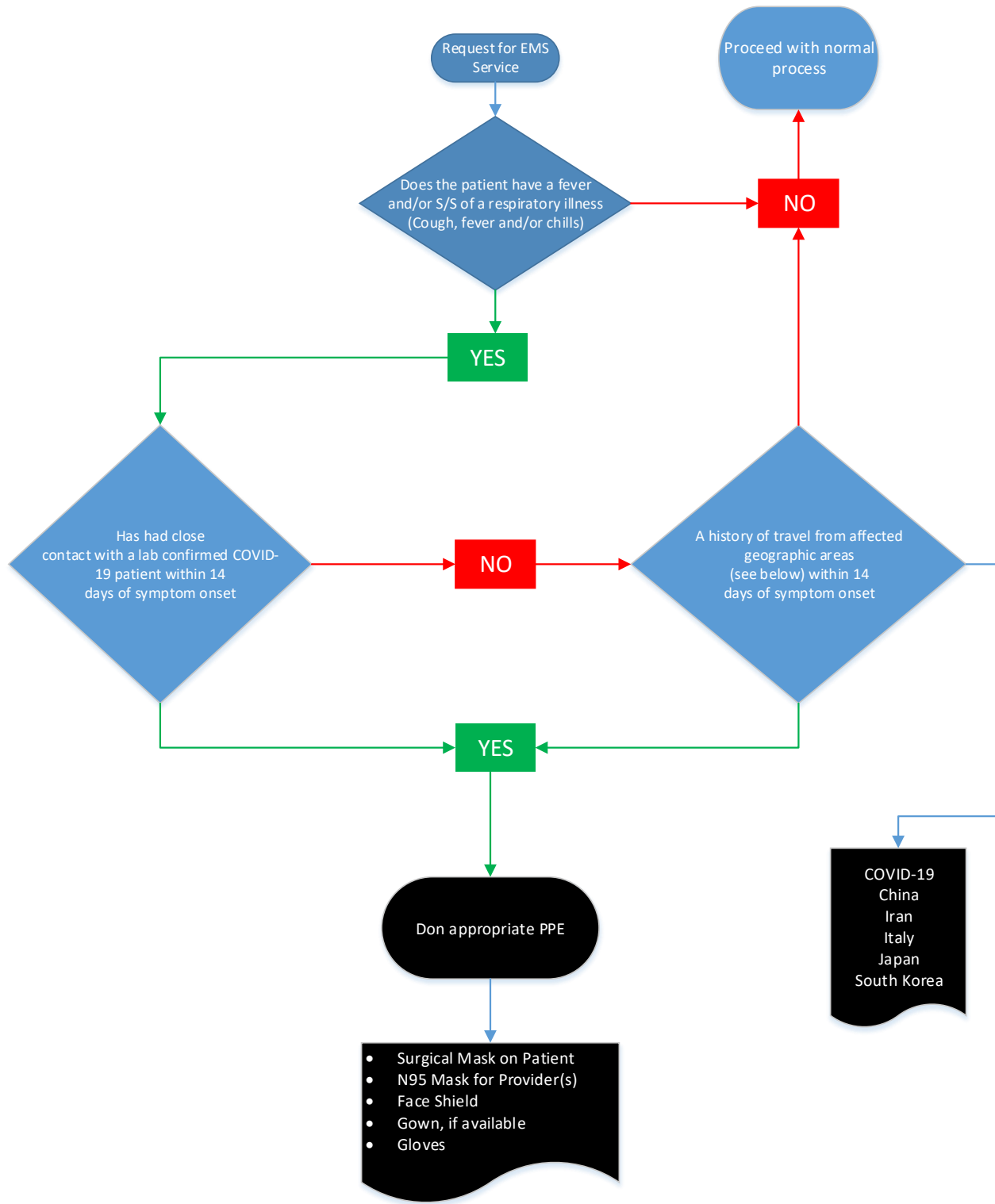
## ***Exposures***

If a patient has a lab-test confirmed case of COVID-19 the crewmembers will be required to complete MedStar exposure documentation and perform any quarantine and/or monitoring required the local health authority.

Field Supervisor and/or FRO Officer will complete COVID-19 [Risk Assessment](#) tool (page 17) and have information available for consultation with Public Health to determine Exposure Category and Work Restrictions.



# SCREENING GUIDANCE





## PPE DONNING CHECKLIST

1. Obtain the following items:
  - a.  PPE Kit with the following:
    - i.  N95 Respirator Mask
    - ii.  Face Shield
    - iii.  Impervious Gown
  - b.  2 Pair of Nitrile Gloves
    - i. 1 Standard Size
    - ii. 1 Larger than Standard Size
  - c.  Alcohol Based Hand Sanitizer
2. Prepare to don PPE
  - a.  Trained observer present with checklist OUTSIDE of the patient's room or residence
  - b.  Remove watches, jewelry and dangling items that could interfere with integrity of PPE
  - c.  Secure eyeglasses and hair with a tie
  - d.  Hydrate and attend to personal hygiene
3. Inspect PPE
  - a.  Inspect PPE for serviceability (e.g., not torn or ripped) and proper size
4. Perform hand hygiene
  - a.  Perform hand hygiene with alcohol-based hand sanitizer
5. Don inner gloves
  - a.  Don gloves and extend cuffs up arms
6. Don impervious gown
  - a.  Ensure gown fully covers torso from neck to knees; arms to end of wrists
  - b.  Fasten gown by tying in a loop at waist
  - c.  Ensures no trip hazard exists
7. Don N95 respirator
  - a.  Don N95 mask and check for seal per fit testing standards
8. Don face shield
  - a.  Position shield above eyebrows and mid-forehead to cover eyes, nose and mouth
  - b.  Adjust N95 mask if needed to ensure proper seal
9. Don outer gloves
  - a.  Extend the cuff to cover the sleeves or cuffs of the impervious coverall or gown
  - b.  Tuck excess material of the sleeve into cuff
10. Inspection
  - a.  Extends arms and verifies integrity of PPE with observer
  - b.  Bends at waist
  - c.  Squats and returns to standing position
  - d.  Slowly turns in circle for final inspection
  - e.  Observer to mark suit with wearer's name and time donned



11. Reminder

- a.  Hands are to be kept away from all mucous membranes (eyes, nose and mouth)

\_\_\_\_\_  
NAME OF PROVIDER

\_\_\_\_\_  
NAME OF TRAINED OBSERVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME DONNING COMPLETED



## PPE DOFFING CHECKLIST

1. Trained observer will collect necessary items for doffing procedure
  - a.  Bio hazard bag and trash can
  - b.  EPA approved cleaning agents for a coronavirus (wipes)
  - c.  Alcohol Based Hand Sanitizer
  - d.  EPA approved cleaning agents for a coronavirus (spray)
  - e.  Box of gloves of appropriate size for Provider
  - f. PPE for Trained Observer
    - i.  Gown
    - ii.  Box of Gloves of appropriate size for Trained Observer
    - iii.  Face Shield
  - g.  Identify a “Decontamination Area”
2. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene with alcohol-based hand sanitizer
3. Trained observer will don the appropriate PPE
  - a.  Inner Gloves
  - b.  Gown
    - i.  Trained Observer will tie gown in the back by his/herself or have bystander tie gown in a bow in the back
  - c.  Face Shield
  - d.  Outer Gloves
4. Begin Doffing Process
  - a.  Engage the trained observer in the “Decontamination Area” with the checklist
5. Inspect PPE
  - a.  Inspect PPE for soiling or breaches
  - b.  If PPE is visibly contaminated, disinfect by using a EPA approved cleaning agents for a coronavirus (wipes)
    - i.  Wipe down and away from contaminated area with a single wipe per swipe until contamination is removed
  - c.  If the Trained Observer performs any disinfecting of the Provider’s gown the Trained Observer will perform hand hygiene using a Striker Sidekick wipe
6. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
7. Provider will Doff outer gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
8. Inspect Gloves
  - a.  **Inspect** the inner gloves’ outer surfaces for visible contamination, cuts, or tears
9. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
10. Provider will Doff face shield
  - a.  Remove by tilting the head slightly forward, grasping the rear strap and pulling it gently over the head and allowing the face shield to fall forward
  - b.  Discard in the biohazard waste container



11. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
12. Provider will Doff impervious gown
  - GOWN IS CONSIDERED CONTAMINATED**
  - a.  Trained Observer will untie back of gown
  - b.  Trained Observer will tie each section of the gown in a loop to prevent a trip or contamination hazard
  - c.  Trained Observer will pull the gown away from the body until the gown tears behind the neck
  - d.  Trained Observer will remove gown by pulling the gown away from the neck and shoulders, touching the inside only
    - i.  As the gown is rolled away from the body it is turned inside out, folded or rolled into a bundle and discarded in the biohazard waste container
13. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
14. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
15. Provider will Doff inner gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
16. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a Alcohol Based Hand Sanitizer
17. Provider will Don gloves
  - a.  Don gloves and extend cuffs up arms
18. Provider will remove N95 Respirator
  - a.  Remove N95 respirator from the back to front and discard in the infectious waste container
19. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
20. Provider will Doff gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
21. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
22. Inspect Provider's Uniform or Garment
  - a.  Perform a final inspection for contamination of the uniform or disposable garments
  - b.  If contamination is identified, carefully remove the garments and shower immediately
23. Trained Observer will decontaminate boots
  - a.  Trained Observer will spray boots (including soles) and bottom of pants with Clorox Healthcare Hydrogen Peroxide
24. Trained Observer will now Doff PPE
  - a.  The provider will now use checklist to assist with PPE doffing of the Trained Observer



25. Provider will now Don gloves
  - a.  Provider will Don clean gloves to assist with the removal of PPE
26. Provider will Inspect PPE
  - a.  Inspect PPE for soiling or breaches
  - b.  If PPE is visibly contaminated, disinfect by using a EPA approved cleaning agents for a coronavirus (wipes)
    - i.  Wipe down and away from contaminated area with a single wipe per swipe until contamination is removed
  - c.  If gown required decontamination by the Provider the provider will perform hand hygiene using EPA approved cleaning agents for a coronavirus (wipes)
27. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
28. Trained Observer will Doff outer gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
29. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
30. Trained Observer Doff face shield

**FACE SHIELD IS CONSIDERED CONTAMINATED**

  - a.  Remove by tilting the head slightly forward, grasping the rear strap and pulling it gently over the head and allowing the face shield to fall forward
  - b.  Discard in the biohazard waste container
31. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
32. Trained Observer will Doff impervious gown

**GOWN IS CONSIDERED CONTAMINATED**

  - a.  Provider will untie back of gown
  - b.  Provider will tie each section of the gown in a loop to prevent a trip or contamination hazard
  - c.  Provider will pull the gown away from the body until the gown tears behind the neck
  - d.  Provider will remove gown by pulling the gown away from the neck and shoulders, touching the inside only
    - i.  As the gown is rolled away from the body it is turned inside out, folded or rolled into a bundle and discarded in the biohazard waste container
33. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
34. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
35. Trained Observer will Doff Inner gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
36. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a Alcohol Based Hand Sanitizer



- 37. Provider will Doff gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
- 38. Provider will perform Hand Hygiene
  - a.  Perform hand hygiene by using a Alcohol Based Hand Sanitizer
- 39. Trained Observer will dispose of waste
  - a.  Trained Observer will Don clean pair of gloves
  - b.  Trained Observer will gather any loose PPE and place in the biohazard waste container
  - c.  Trained Observer will tie the infectious waste container closed
  - d.  Trained Observer will dispose of the infectious waste container in the proper receptacle
- 40. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a EPA approved cleaning agents for a coronavirus (wipes)
- 41. Trained Observer will Doff gloves
  - a.  Using proper aseptic de-gloving technique
  - b.  Discard both outer gloves in the biohazard waste container
- 42. Trained Observer will perform Hand Hygiene
  - a.  Perform hand hygiene by using a Alcohol Based Hand Sanitizer
- 43. Follow Up
  - a.  Perform staff rehab, medical monitoring, documentation, and behavioral wellness check as indicated

\_\_\_\_\_  
NAME OF PROVIDER

\_\_\_\_\_  
NAME OF TRAINED OBSERVER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME DOFFING COMPLETED





# COVID-19 RISK ASSESSMENT

Response Number: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

### Complete this section if the patient was wearing a facemask

Staff wore no PPE	Y	N
Staff did not wear a facemask or respirator	Y	N
Staff did not wear eye protection (goggles or disposable face shield that fully covers the front and sides of the face)	Y	N
Staff did not wear gown or gloves	Y	N
Staff wore all recommended PPE except wearing a facemask instead of a respirator	Y	N
Staff wore all recommended PPE	Y	N

### Complete this section if the patient was not wearing a facemask

Staff wore no PPE	Y	N
Staff did not wear a facemask or respirator	Y	N
Staff did not wear eye protection (goggles or disposable face shield that fully covers the front and sides of the face)	Y	N
Staff did not wear gown or gloves	Y	N
Staff wore all recommended PPE except wearing a facemask instead of a respirator	Y	N
Staff wore all recommended PPE	Y	N

What was the provider's role during patient care?

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**This form is to be completed for any patient that has been identified as a PUI based on patient screening and/or any request from a Public Health Authority**