Carbondale & Rural Fire Protection District
COVID-19 Response Guidelines

Purpose and General information:

The purpose of this document is to provide updated response guidelines when responding to potential COVID-19 patients and other 911 calls for service. Our community has moved from a containment phase into a mitigation phase. It is assumed that COVID-19 is already community spread. Our primary goal is to protect our health care system while continuing to provide high quality emergency response.

A major concern for the Carbondale and Rural Fire Protection District is our continuity of operations. If our crews become exposed to or infected with COVID-19 there is a possibility they may be isolated or quarantined. Personnel isolating themselves from COVID-19 greatly reduces the risk of possible infection.

How COVID-19 Spreads:

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Contact with infected surfaces or objects. It may be possible to contract COVID-19 by touching a surface or object that has the virus on it and then touching the mouth, nose, or possibly eyes, however, this is not thought to be the main way the virus spreads.
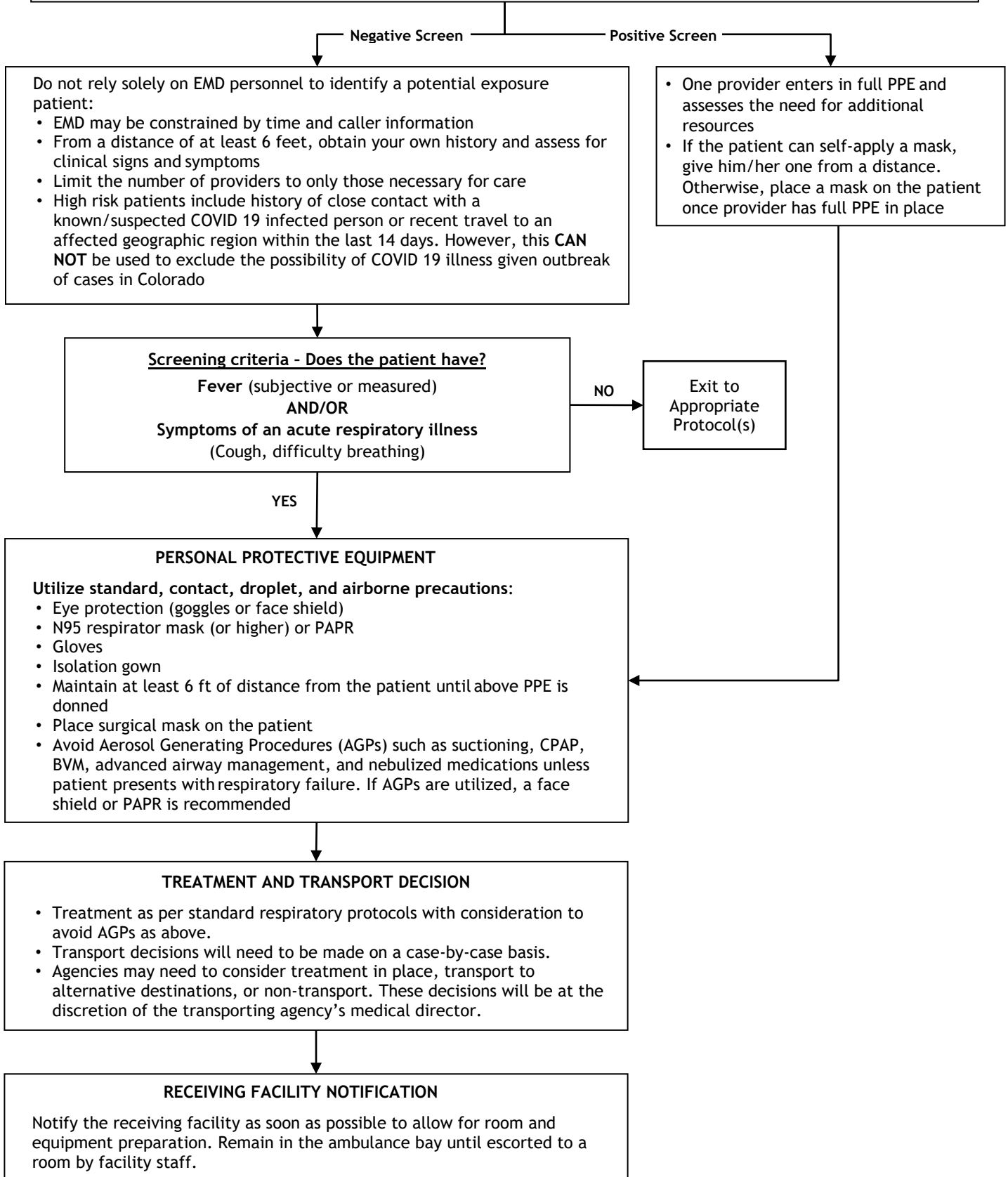
Response:

- Ambulance 81 is our designated ambulance for transport of patients suspected of having COVID-19.
- Dispatch Information:
    o Both Garfield County and Pitkin County dispatch centers are questioning callers using "Emerging Infectious Disease Surveillance" (EIDS) protocols. If a patient is suspected of COVID-19 the following dispatch terms will be utilized.
    o **GarCo** dispatch center will use the term **"Code 8 Charlie"**
    o **Pitkin** dispatch center will use the term **"ID Protocol"**
- Slow down and use good judgment from the beginning of the incident.
- On medical calls try to make phone contact with the patient before making physical contact to start the assessment process. This can be accomplished while en route or from the driveway.
- In general, our local hospitals are attempting to refer patients to other means of care if the situation dictates. For example, it may be appropriate for a patient to be seen by a primary care physician and not the emergency room. Consult with medical control if you feel that may be an option.
- Be diplomatic with patients that you feel may not need to go to the emergency room. Reassure them that we are here to help and want to get them the best care appropriate.

3/18/2020

- If we transport a patient to another healthcare facility or leave them at home obtain their contact information so we may follow-up with them. Report this information to the Operations Division Chief and the EMS Coordinator.
- One option for appropriate patients is to have them contact the Multi-County COVID-19 Hotline for medical information and screening. The number is 970-429-6186
- When a potential COVID-19 patient is identified, response crews will coordinate a plan for patient contact that minimizes responder exposure.
  - Responders will don appropriate PPE prior to entry.
  - While PPE is being donned responders can make contact with patient by alternate means
    - Through windows / doors
    - Via phone
    - Via dispatch, communicating response delay for donning PPE
- If a potential COVID-19 patient is identified by responder assessment rather than dispatch questioning, involved personnel will leave to don PPE. A surgical mask or NRB will be placed on the patient.
- All potential cases of COVID-19 responses shall be reported to the on-call Chief, Fire Chief, and Operations Chief as soon as reasonably possible.
- On every call minimize the amount of people who get out of response vehicles. Have only one person make contact with the patient(s) if patient contact is required. If possible, have the patient walk out to the ambulance and have the driver stay in the cab.
- If we do transport to the hospital have only one driver and one patient care provider unless the patient is critical and needs interventions that cannot be performed with one person.
- On all calls for service treat everybody as if they are potential carriers of COVID-19. Keep at least 6 feet away, unless the situation dictates otherwise.
- On all calls for service wear at least a surgical mask and eye protection. If suspected COVID-19 wear full PPE.
- Until further notice Carbondale Fire shall not respond to calls to calls for non-emergent assistance. i.e. to change batteries in or replace smoke detectors. Reassure the person making the request that we would like to help them, however out of an abundance of caution we are attempting to limit our contact with people to keep us healthy.
- Decontaminate all vehicles after every call.

- ❖ **Responders will utilize the following protocol algorithms when responding to all COVID-19 incidents or incidents with a high index of suspicion for possible COVID-19.**

COVID-19 SCREENING, TREATMENT, and TRANSPORT

Dispatch should utilize the Emerging Infectious Disease (EID) Surveillance Tool with the "Breathing Problem" and "Sick Person" EMD protocols and notify responding agencies if a patient has a positive screen. With widespread community COVID-19 transmission, epidemic/pandemic EMD protocols may be developed for determination of triage and response

— Negative Screen —   — Positive Screen —

Do not rely solely on EMD personnel to identify a potential exposure patient:
- EMD may be constrained by time and caller information
- From a distance of at least 6 feet, obtain your own history and assess for clinical signs and symptoms
- Limit the number of providers to only those necessary for care
- High risk patients include history of close contact with a known/suspected COVID 19 infected person or recent travel to an affected geographic region within the last 14 days. However, this **CAN NOT** be used to exclude the possibility of COVID 19 illness given outbreak of cases in Colorado

- One provider enters in full PPE and assesses the need for additional resources
- If the patient can self-apply a mask, give him/her one from a distance. Otherwise, place a mask on the patient once provider has full PPE in place

Screening criteria – Does the patient have?

Fever (subjective or measured)
AND/OR
Symptoms of an acute respiratory illness
(Cough, difficulty breathing)

NO →

Exit to Appropriate Protocol(s)

YES

PERSONAL PROTECTIVE EQUIPMENT

Utilize standard, contact, droplet, and airborne precautions:
- Eye protection (goggles or face shield)
- N95 respirator mask (or higher) or PAPR
- Gloves
- Isolation gown
- Maintain at least 6 ft of distance from the patient until above PPE is donned
- Place surgical mask on the patient
- Avoid Aerosol Generating Procedures (AGPs) such as suctioning, CPAP, BVM, advanced airway management, and nebulized medications unless patient presents with respiratory failure. If AGPs are utilized, a face shield or PAPR is recommended

TREATMENT AND TRANSPORT DECISION

- Treatment as per standard respiratory protocols with consideration to avoid AGPs as above.
- Transport decisions will need to be made on a case-by-case basis.
- Agencies may need to consider treatment in place, transport to alternative destinations, or non-transport. These decisions will be at the discretion of the transporting agency's medical director.

RECEIVING FACILITY NOTIFICATION

Notify the receiving facility as soon as possible to allow for room and equipment preparation. Remain in the ambulance bay until escorted to a room by facility staff.

Updated 3/9/2020

COVID-19 NON-TRANSPORT PROTOCOL

Purpose

A. Identify patients that are safe to not transport to a hospital during widespread cases of confirmed COVID-19 patients in order to accomplish the following:
   a. Minimize disease transmission to the community
   b. Protect first responders and healthcare personnel
   c. Preserve healthcare system functioning when the system is overwhelmed.

Indications for Non-Transport

A. EMS agency Medical Direction has decided to enact non-transport guidelines based on local indications that the healthcare system infrastructure is overwhelmed. This may include, but is not limited to, one of the following circumstances:
   a. Hospitals are exceeding maximum census
   b. Hospitals and facilities are experiencing significant overcrowding
   c. Hospitals and first response agencies have enacted surge plans
   d. Healthcare providers are unable to obtain required personal protective equipment (PPE) to prevent transmission of disease.

Assessment Algorithm for Non-Transport

Initial Assessment:
- Refer to COVID-19 screening protocol for initial encounter guidance
- Initial assessment should begin from a distance of at least 6 feet from the patient and be limited to one EMS provider if possible.

Inclusion Criteria for Non-Transport:
- Age < 60 years old
- History of fever with symptoms of viral syndrome illness (cough, nasal/chest congestion, sore throat, body aches)
- **Vital signs:** (or normal for age for pediatric patients)
  - Respiratory Rate > 8 or < 20
  - O2 Saturation > 90%
  - Heart Rate < 100 bpm
  - Systolic BP at least 100
  - GCS 15
- **Absence of** shortness of breath with activity, respiratory distress, syncope, cyanosis, diaphoresis, and chest pain other than mild pain with coughing
- Patient has intact decision-making capacity

No → Proceed with standard medical treatment protocols

Yes to all

Non-Transport Disposition:
- The patient has a support system
- EMS provides notice to local public health authorities in a timely manner
- Patient should be followed up by local public health authorities, pre-hospital/out-of hospital services, or other health care services
- Contact medical control if patient refuses non-transport

Patient guidance for EMS return precautions depending on system's ability to respond:

Severe shortness of breath, confusion or alteration of mental status, syncope, moderate to severe chest pain, inability to tolerate food or liquids, skin cyanosis