

# WRIGHT-PATTERSON FIRE DEPARTMENT



Pandemic Influenza and COVID-19 Disease Plan



**DEPARTMENT OF THE AIR FORCE**  
788TH CIVIL ENGINEER SQUADRON (AFMC)  
FIRE & EMERGENCY SERVICES DEPARTMENT  
WRIGHT-PATTERSON AIR FORCE BASE OHIO

**Message from the Chief –**

All Personnel,

13 March 2020

We are currently faced with trying to ensure the health and safety of our members while still completing our mission of protecting the citizens of our community. The protection and safety of our team is my #1 Priority. This Plan is a starting point for us and can change as the situation does. The promise to your families and you is we will continue to research, engage in meeting/conversations to have the most up to date information, and continue to communicate it with you. Presently, COVID-19 seems to spread from person to person by the same mechanism as other common cold or influenza viruses—i.e., face to face contact with a sneeze or cough, or from contact with secretions of people who are infected. I ask all of you to immediately be more rigorous in using good hygiene and stay home if you are sick. This will help keep yourself, your family and your teammates well. In addition, I encourage everyone and his or her families to get a seasonal flu shot. By doing this, you will help ensure that we are all well enough to continue our mission of protecting the citizens.

As all of you are aware, the State has declared a statewide emergency along with the World Health Organization (WHO) and the Centers for Disease Control (CDC) and Prevention declaring a public health emergency for the virus “SARS-CoV-2” and the disease it causes “coronavirus disease 2019” (abbreviated “COVID-19”). It is projected that this virus will remain with us and will fluctuate in severity. It is understandable that you may feel anxious about the outbreak. If you are not in an area, where COVID-19 is spreading or have not travelled from an area where COVID-19 is spreading, or have not been in contact with an infected patient, your risk of infection is low. If you are in an area, where there are cases of COVID-19 you need to take the risk of infection seriously. Follow the advice and guidance issued by national and local health authorities. For most people, COVID-19 infection will cause mild illness however, it can make some people very ill, and, in some people, it can be fatal. Older people and those with pre-existing medical conditions (such as cardiovascular disease, chronic respiratory disease, or diabetes) are at risk for severe disease.

As a Department, we will get through this trying time together as a team and as a family. This is a stressful time and many unknowns we are confronted with. With good planning, proper PPE use and good hygiene we dramatically reduce our chances of exposure. Please do not hesitate to utilize the PEER Support Team, talk with your officers, Chiefs, or me.

Very Respectfully,

A handwritten signature in cursive script that reads "Jacob D. King".

Jacob D King, Fire Chief  
Fire & Emergency Services  
Wright-Patterson AFB

## Summary of Actions and Phases

### Phase Alpha- Right Now

No Station Tours

No Family or non-business visits

Each Station conducts in-house academic training (Outside training can still be accomplished)

Dispatch- Limit exposure (24 person on standby, shift person on desk)

Medical Single Engine Response (A-D)

### Phase Bravo- Reduction of base work force

Down Time Status- Vehicle checks, House Duties, Disinfect, Respond

Station Minimum (Limit boot Carry, extra stay in place if other stations have minimum)

Staff vehicle w/ 1 person for trouble lights

Stop facility familiarization, pre-fire plans and inspections

Each Station conducts in-house academic training (Outside training can still be accomplished)

Potential for personnel to work outside PD (Dispatch, Drive, Crew.....)

### Phase Charlie

HVAC (Shutdown or bring in outside air)

Volunteer Overtime or reduction of vehicles manned

No in-house academic training or outside training

Single Engine Response on Automatic Alarms

15 or less operations consider no M/A off base

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## Introduction

This plan represents the efforts of Wright-Patt Fire Department to prepare for a widespread infectious disease or pandemic event which could create an emergency or even a disaster.

## Objective

- **Maintain the *health and well-being* of Department personnel and their families.**
- **Ensure continued *emergency response* capabilities to protect the citizens and to fulfill the Department's mission.**
- **Institute *preventive measures* in the facilities and other workplaces.**
- **Promote *proper hygiene* to prevent the further spread of the diseases.**
- **Monitor the *health* of employees to ensure they receive proper and appropriate care.**
- **Encourage *employees and their families* to become vaccinated for seasonal flu.**
- **Support *employees and their families* following employee exposure or quarantine.**

## Situation

CDC is responding to an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and which has now been detected in more than 100 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a "[public health emergency of international concern](#)" (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation's healthcare community in responding to COVID-19. On March 11, 2020 [WHO publicly](#) characterized COVID-19 as a pandemic.

### **Situation in U.S.**

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is currently in the initiation phases, but states where community spread is occurring are in the acceleration phase. The duration and

severity of each phase can vary depending on the characteristics of the virus and the public health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View [CDC's Public Health Laboratory Testing map](#).
- More and more states are reporting cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
  - Imported cases in travelers
  - Cases among close contacts of a known case
  - Community-acquired cases where the source of the infection is unknown.
- Three U.S. states are experiencing sustained community spread.
- View [latest case counts, deaths](#), and a [map of states with reported cases](#).

### **What May Happen**

More cases of COVID-19 are likely to be identified in the coming days, including more cases in the United States. It's also likely that person-to-person spread will continue to occur, including in communities in the United States. It's likely that at some point, widespread transmission of COVID-19 in the United States will occur.

Widespread transmission of COVID-19 would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, workplaces, and other places for mass gatherings may experience more absenteeism. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected. Health care providers and hospitals may be overwhelmed. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutical interventions would be the most important response strategy.

## Planning Assumptions

- Proper hygiene greatly reduces the spread of the disease.
- The impact of an infectious disease event could be long term. The history of such events indicates that they can last a few months or several years, with several peak periods of illness.
- Demand for the Department's Emergency Medical Services will increase during the illness.
- The Department will experience an increase in absenteeism due to employee or family illness.
- Medical supplies such as Personal Protective Equipment (PPE) that are needed to respond to an infectious event will be in short supply. The Department may experience disruption of other support infrastructure and services during this event.
- The CDC believes the new virus is contagious during the incubation period—estimated to be 5 to 6 days on average and up to around 14 days—and symptoms can occur anytime between two and 14 days after exposure. Personal interactions within Six feet could be infectious whether symptoms are present or not. Coronaviruses virus can remain active on surfaces viable for up to three hours in the air, up to four hours on copper, up to 24 hours on cardboard and up to two to three days on plastic and stainless steel, according to the study at room temperature. Exposed surfaces will be considered contaminated until properly decontaminated.
- Vaccines for the seasonal flu greatly improve resistance to the diseases.

## Intent of the plan

- **The plan emphasizes disease prevention:** Workforce protection is critical. Treatment options are uncertain and may not be available. The actions outlined in this plan are intended to minimize the possibility of illness for Wright-Patt Fire Department employees.
- **The plan is scalable:** Actions outlined in this plan are based on the impact to the Department: the greater the impact, the greater the level of action that will take place.
- **The plan is flexible:** An infectious disease event is dynamic and unpredictable. Although the actions outlined in this plan are based upon specific impact levels, the plan is meant to be flexible. Some actions may need to be taken earlier than planned, and some actions may not be taken at all. In addition, other actions not specifically outlined in this plan may need to be taken as the need arises.
- **The plan is based on cooperation from all Districts and Functions within the Department and the IAFF:** A successful response to a widespread infectious disease event requires Department wide coordination and communication. Working conditions may need to be adjusted to continue to provide service to the public.
- **The plan integrates locally and regionally:** The plan recognizes that our actions are interdependent with the actions of other agencies such as WPMC EMS, Health Department. Wright-Patt Fire Department will cooperate with and assist other agencies whenever possible to best serve the public interest.
- **The plan requires action before the event:** Parts of the plan depend upon action taken prior to an event. For instance, the use of full PPE during an event depends on acquiring sufficient supplies of PPE beforehand. Pre-event actions are identified in low and medium impact level planning for each function. These Function Planning Sheets are included. This serves as an ongoing planning document for supervisors to make adequate decisions. All supervisors are responsible to ensure pre-event actions are completed for each function in the Department.
- **The plan emphasizes Departmental self-sufficiency:** Lack of mutual aid and disruption of supplies will require that the Department be prepared to operate independently for long periods of time. Supplies will be required to sustain independent operation. If supplies have not been acquired prior to an event, the department must purchase supplies as early as possible.



## Prevention Strategies

Prevention is the key to reducing the impact of this disease on the Department's ability to perform its mission. It is also important in protecting our employees and their families. The following prevention strategies are to be implemented. It is the responsibility of all supervisors to ensure that their facilities are following the outlined strategies.

### Training

- Donning and doffing of PPE
- Cross training on other duties (Total work concept)
- Hygiene techniques to prevent spread
- Decontamination of equipment and work stations

### Workforce Protection

- Strongly encourage employees and their families to receive the current flu vaccine.
- Active monitoring: supervisors should screen their employees for flu-like symptoms at the beginning of, and during each shift.
- Watch for fatigue and stress: Ensure that employees are taking care of themselves with proper nutrition, breaks and hydration.
- Limit workplace visits by non-essential personnel.
- Employees are encouraged to bring sufficient supplies to last the duration of their shift in order to limit public contact.
- Provide emotional support and consider aggressive use of peer support (EAP / ESS).

### Patient Contact

- ECC will notify responding units, when possible, if infectious symptoms or locations are present by stating "PPE Alert, additional information available on the Active911 App".
- Responders should limit close proximity in a confined area with the patient by;
  - Bringing the patient outside if feasible.
  - Performing initial assessment at a distance from the front door or entryway.
- Limit the number of responders in contact with a suspected person under investigation (PUI).
  - One responder with full PPE within six feet of the patient when doing an initial assessment (gloves, N95 mask, gown, and eye protection).
  - Remaining responders should wait in a safe open area unless otherwise warranted by initial assessment.
  - If additional responders are needed within the six feet of the patient, full PPE is required.
- See attached [EMS Policy](#) (Emerging viruses – 2019-novel Coronavirus) and [Table 3](#): (COVID-19 Response algorithm)

## Hygiene Etiquette

- Hand washing is the single most important action to prevent transmission of infectious disease. All personnel should practice good hygiene by regularly washing their hands.
- Always wash hands with soap and water or waterless instant hand antiseptic for a minimum of 20 to 30 seconds:
  - After any patient contact (in addition to wearing gloves)
  - Before eating and drinking
  - Before cooking or handling food
  - After using the restroom
  - After any contact with apparatus and equipment, and when entering station offices and quarters
- Coughing and Sneezing
  - All employees will cover their cough or sneeze into a disposable tissue and discard. Use your elbow only if you must. The clothing on your elbow will contain infectious virus that can be passed on for up to a week or more
- Avoid touching your face
  - The only way that the virus can infect you is through your eyes, nose and mouth

## Decontamination and Cleaning - Self / Equipment / Facility

- Effective self-decontamination can be achieved through proper hygiene etiquette, showering and washing contaminated clothing with household laundry detergent on a sanitize cycle.
- Equipment Used on Incidents
  - Wipe exposed equipment with a germicidal cleaner or use 10% bleach solution.
- Facilities and Work Stations
  - Wipe down surfaces and work spaces daily with either germicidal cleaner or 10% bleach solution on a disposable towel (wipe keyboards, phones, door handles, etc. periodically and as needed).
  - Office Spaces and Reception areas - Display waterless hand disinfectant and have masks available for employees.

## Information Sharing

- Obtain updated information and attend meetings with cooperators
- Public information and updates must be disseminated from a single JIC
- Internal department communications and updates should be disseminated from a single source (Fire Chief, HSO or designee) and made available in one place for employees to access
- Hold regular conference calls with all Chief Officers and the ECC
- Hold regular conference calls with mutual aid fire departments
- Provide 788 CES/CC with updates and needs

## Drawdown Level of Resources

- Every effort will be made to maintain normal staffing levels
- Normal staffing – All facilities and resources are covered based upon the time of the year, although higher levels of sick leave may be occurring. Twenty-four-hour resource coverage is to be maintained through call back and / or staffing patterns.
- Reduction in Staffing – At the Fire Chief or designee's discretion, staffing levels may be reduced or limited based on available personnel and operational needs.
- Station Priority Coverage – If draw down levels exceed the ability to cover all stations the *priorities for station coverage* will *be* determined by the Fire Chief or designee to maximize overall coverage of the Unit.

## Employee Illness

- If an employee becomes ill at work, they should be encouraged to go home and to seek medical care or go to Occupational Health. Coverage should be obtained through the regularly established methods.
- If an employee becomes ill off duty, they should be encouraged to stay home and to seek medical care. Coverage should be obtained through the regularly established methods.

## Employee Exposure

### Definitions

**Close contact** - for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

**High-risk** - Refers to Health Care Provider (HCP) who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

**Medium-risk** - Generally includes HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection, and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*.

**Low-risk** - Generally refers to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

See [Table 1](#) (Epidemiologic Risk Classification for COVID-19) for additional examples.

## **Responsibility**

### *All Employees*

- In the event an employee or employees believe they meet the medium or high-risk exposure definition guideline while at work:
  - The employee(s) will properly doff PPE and initiate self-decontamination and equipment decontamination procedures See [Table 2](#) (Putting on and Removing PPE) for examples.
  - All personnel and equipment must remain outside of the fire apparatus.
  - The Company Officer must make immediate notification to the ECC.
  - The ECC must make notification to the covering District Chief and Duty Chief Officer.
  - The covering District Chief will contact affected employee(s) to determine level of exposure while working with the Duty Chief Officer for guidance.
  - In the event the employee(s) meet the low risk exposure definition, the covering District Chief will ensure decontamination procedures were completed and direct the personnel to resume normal operations.
  - In the event the employee(s) meet the medium or high risk exposure definition, the covering District Chief will contact the ECC to place the apparatus Out of Service and make notification to Duty Chief Officer.
  - Covering District Chief will contact the Duty Chief.
  - Affected employee(s) will remain on scene and await instructions.

# Department Action Planning

This table outlines the plan of action the Department will take to minimize the effects of an infectious disease incident. Actions are correlated with the potential “Operational Impact Level” of an event. The “Decision Point Guidelines” are meant to provide guidance for action timelines. Specific “Action Items” may be adjusted at the discretion of the Fire Chief or designee and may vary by Station or support function.

Impact Level	Operational Impact	Decision Point Guidelines <i>Any or all the identified decision points may initiate department action</i>	Action Items
1	Impact Level: <b>“Normal”</b> Regular Fire Department Operations	Daily operations, no impact	<ul style="list-style-type: none"> <li>✓ Pre-planning action completed</li> <li>□ Pre-planning action incomplete</li> <li>➔ Imminent event preparation action</li> <li>◆ Disaster event action</li> </ul>
2	Impact Level: <b>“Low”</b> Pre-event Planning	New infectious disease identified. Increasing public awareness exists.	<ul style="list-style-type: none"> <li>➔ Initiate Department awareness and ongoing updates</li> <li>➔ Review current plan for gaps.</li> <li>➔ Cross-train personnel in critical functions</li> </ul>
3	Impact Level: <b>“Medium”</b> Specific Event Planning	Fire Chief or designee to identify probable impact on department based on communication from all agencies.	<ul style="list-style-type: none"> <li>➔ Supervisors finalize event preparation and identified needs</li> <li>➔ Pre-Event directives issued from Fire Chief or designee</li> <li>➔ Verify critical resource inventories</li> <li>➔ Publish disease-specific treatment protocols</li> <li>➔ Increase Intra-agency cooperation</li> <li>➔ Institute vaccination plan</li> <li>◆ ➔ Prepare for protocol changes instituted by Health Dept. and / or GMVEMSC.</li> </ul>
4	Impact Level: <b>“High”</b> Event Response	ECC identifies increased call volume or changes in call type. Disease spread in the public is increased significantly. Public health notification of incidence of infection with high mortality or hospitalization. Public Safety personnel symptomatic. Human Resources identify increasing or unusual absentee rates. Operations staffing is impacted.	<ul style="list-style-type: none"> <li>◆ Review and change specific treatment protocols determined by Health Dept. and / or GMVEMSC.</li> <li>◆ Implement enhanced exposure protection</li> <li>◆ Reallocate personnel to support emergency response operations</li> <li>◆ Distribute critical resource inventories</li> <li>◆ Restrict public access</li> </ul>
5	Impact Level: <b>“Severe”</b> Active Pandemic, High Lethality	Department unable to maintain normal staffing. Department unable to meet increased requests for service.	<ul style="list-style-type: none"> <li>◆ Evaluate staffing distribution matrix and/or reduction of service</li> <li>◆ Implement strict exposure restrictions</li> </ul>

## Department Command Staff

Impact Level	Operational Impact	Decision Point Guidelines <i>Any or all the identified decision points may initiate department action</i>	Action Items
<b>1</b>	Impact Level: <b>"Normal"</b> Regular Fire Department Operations	Daily operations, no impact	<ul style="list-style-type: none"> <li>✓ Pre-planning completed</li> <li>☐ Pre-planning incomplete</li> <li>➔ Imminent event – action required</li> <li>◆ Disaster occurring – action &amp; evaluation</li> </ul>
<b>2</b>	Impact Level: <b>"Low"</b> Pre-event Planning	New infectious disease identified. Increasing public awareness exists.	<ul style="list-style-type: none"> <li>➔ Cross-train personnel in critical functions</li> <li>◆ Mandate strict equipment and workstation decontamination daily</li> <li>◆ Train selected personnel on ECC procedures.</li> </ul>
<b>3</b>	Impact Level: <b>"Medium"</b> Specific Event Planning	Fire Chief or designee to identify probable impact on department based on communication from all agencies.	<ul style="list-style-type: none"> <li>◆ Restrict access to ECC to Supervisors, Fire Chief or designee and assigned personnel.</li> <li>◆ Initiate and organize daily conference with Fire Chief, Duty Chief, District Chief's, and support staff personnel.</li> <li>◆ Issue PPE</li> </ul>
<b>4</b>	Impact Level: <b>"High"</b> Event Response	<p>ECC identifies increased call volume and / or call types. Situation Found program identifies increasing incidence of infection. Public health notification of increase of infection cases. Public Safety personnel become symptomatic. Supervisors identify increasing or unusual absentees. Operations staffing impacted.</p>	<ul style="list-style-type: none"> <li>◆ Prioritize work to focus on critical functions.</li> <li>◆ Implement modified work schedules.</li> <li>◆ Consider COOP plan with activation of alternate EOC's</li> </ul>
<b>5</b>	Impact Level: <b>"Severe"</b> Active Pandemic, High Lethality	Department unable to maintain normal staffing. Department unable to meet increased requests for service.	<ul style="list-style-type: none"> <li>◆ Maintain 6-foot separation for all personnel.</li> <li>◆ Utilize PPE at work stations and in public areas</li> </ul>

**Table 1: Epidemiologic Risk Classification<sup>1</sup> for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations**

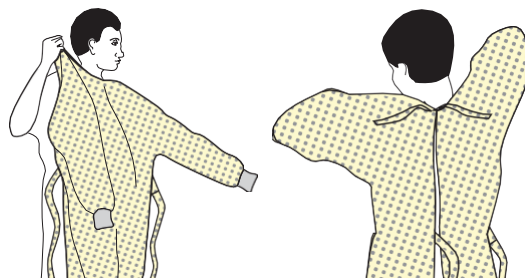
<b>Epidemiologic risk factors</b>	<b>Exposure category</b>	<b>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</b>	<b>Work Restrictions for Asymptomatic HCP</b>
<b>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</b>			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves <sup>a</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
<b>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</b>			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection <sup>b</sup>	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves <sup>a,b</sup>	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) <sup>b</sup>	Low	Self with delegated supervision	None

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE) Table 2

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



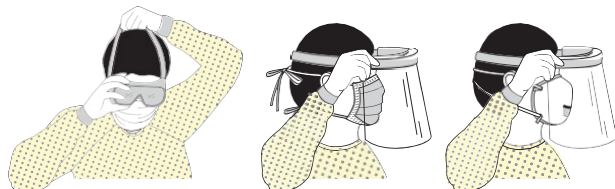
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



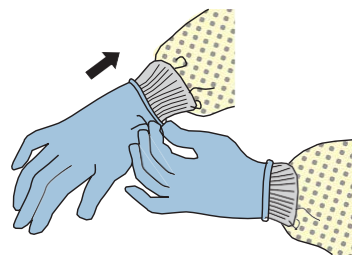
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



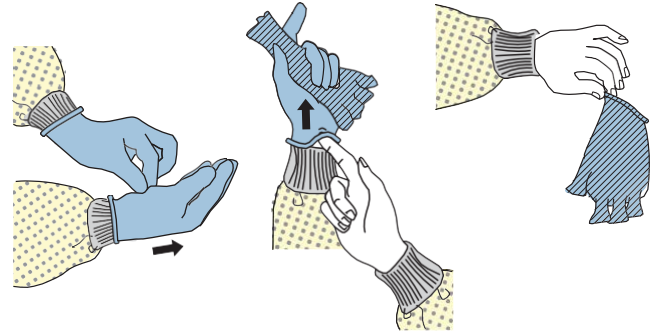
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



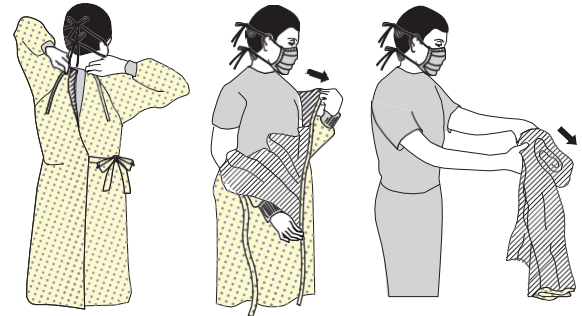
### 2. GOGGLES OR FACESHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



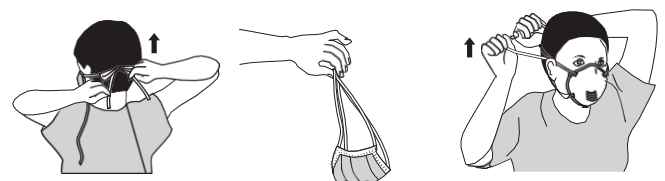
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

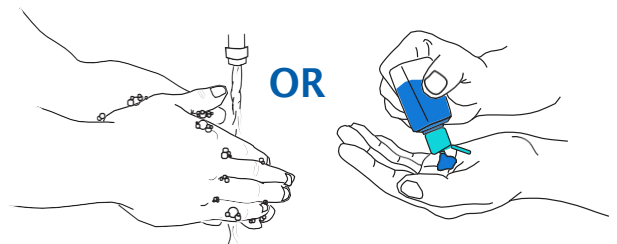


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



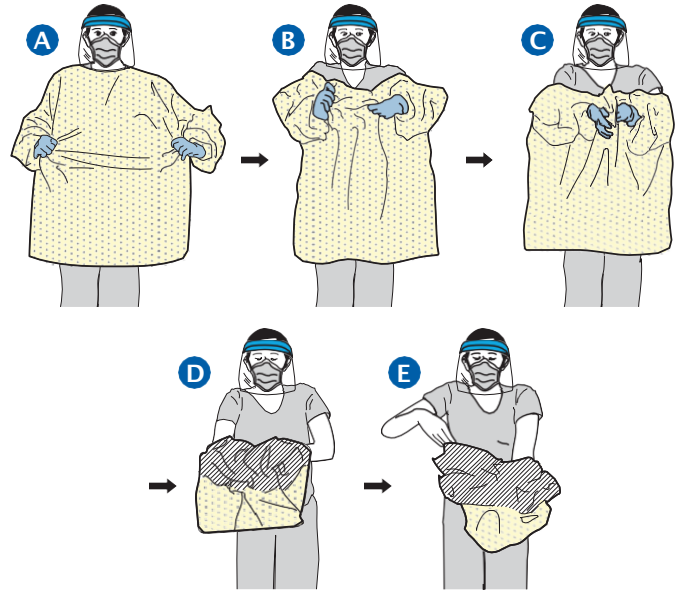
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



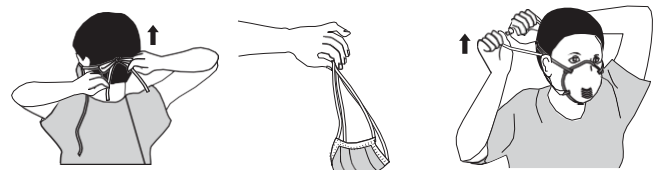
### 2. GOGGLES OR FACESHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

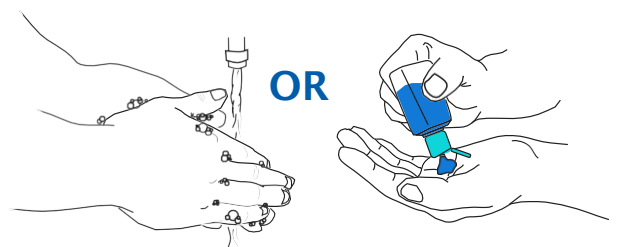


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



# Wright-Patt Fire Department/WPMC EMS

## COVID-19 Response Algorithm

**ECC identified patient as HIGH RISK COVID-19 patient. Implement HIGH risk PPE attire (N95, gloves, goggles, and gown\*) prior to patient contact. High risk identified as:**

- Recent international traveling within the last 21 days
- Fever (confirmed or subjective)
- +SOB/Cough/Lower respiratory distress presentation, muscle aches, fatigue
- Contact w/ quarantined person (s), residing in confirmed regions of COVID-19, or direct contact with confirmed COVID-19 patients

Are You First on Scene?

YES

NO

**Implement Threshold Assessment:**  
 Prior to entering home advise patient to ambulate outside for assessment. Non-ambulatory proceed with one-person approach.

- **High Risk** enter w/N95+PPE and assess the need for crew involvement.
- **Medium/Low Risk** enter w/surgical mask + PPE and assess the need for crew involvement.

**Coordinate** with first agency at scene. Attempt to eliminate unnecessary personnel in the home. ONLY assist if assistance is needed :

- **High Risk:** The paramedic will enter with N95, gown, gloves, goggles for suspected COVID-19 patients.
- **Medium/Low-risk** or unsuspected COVID-19 patients or patients with Flu-like symptoms/Resp distress continue with contact/ droplet precautions and maintain PPE (surgical mask, gloves, goggles, gown)

**High Risk Patients-** Make all attempt to assess pt. outside of home (limits transmission), one person approach if possible (limits transmission), enter with N95 +PPE\*, **Immediately place surgical mask on patient (limits transmission)**, all other crew members stage outside distance of 6 feet recommended. Nasal cannula if indicated can be placed on patient, then apply surgical mask. Non-rebreather, nebulizer, provide treatment as indicated (all responders within 6 feet apply N95). Contact Receiving Hospital.

**Medium/Low Risk (Flu like Symptoms, no known contact with Covid-19) -** Make all attempts to assess pt. outside of home (decrease transmission), one responder approach is possible (decrease transmission), enter with surgical mask, gloves, goggles, gown\*. Assess patient, Ask further questions to determine if poss. COVID-19. IF YES, attempt to distance self 6 feet, doff surgical mask\*, don N95. Assess patient, implement care, prepare for transport. Notify Receiving Hospital. IF NO, continue with airborne/droplet/respiratory precautions, and regular treatment modalities.

Reminders:

- PPE are dependent on availability.
- Review Donning and Doffing of PPE.
- Threshold assessment is done standing at an entrance and asking patient to exit.
- All efforts should be made to decrease transmission.
- Do not transport family members with patient.
- Moderate / Low Risk patient—Surgical mask and PPE.

Transporting patient to the hospital

**Transporting with ambulance ->** maintain PPE and assist with patient. At hospital Remove PPE appropriately and discard as directed. Perform Self Decontamination.  
**Not transporting with ambulance company->** wash hands, remove PPE outside of patient's home, use outside trash cans, sanitize/wash hands. Perform Self Decontamination.

\*\*\*\*\*Review Donning and Doffing of PPE\*\*\*\*\*

## Wright-Patt Fire Department/WPMC EMS Transport Guidelines

### PURPOSE

To specify the procedures to be followed when contacting a suspected person under investigation for 2019- novel Coronavirus (COVID-19). This policy is applied secondarily to department policies and has adjacent dependency on Emerging Infectious Disease Screening that applies to Emergency Medical Dispatch Providers.

### 2019-novel Coronavirus (COVID-19), suspected person under investigation (PUI)

Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV/COVID-19. These criteria are a guideline, and clinical judgement must be utilized. The CDC clinical criteria for a 2019-nCoV/COVID-19 suspected person under investigation (PUI) have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

Clinical Features	&	Epidemiologic Risk
Fever <b><i>or</i></b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset
Fever <b><i>and</i></b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from <b>an affected country</b> within 14 days of symptom onset
Patients with severe respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization, with unknown etiology	AND	No known alternate etiology or diagnosis identified.

Fever – can be subjective or confirmed

Close contact is defined as—

- a) being within approximately 6 feet of a 2019-nCoV/COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case
- *or* –
- b) having direct contact with infectious secretions of a 2019-nCoV/COVID-19 case (e.g., being coughed on).
- c) If such contact occurs while **not** wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

- 1) [Affected countries](#) as defined by CDC COVID-19 Travel Notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/>)

### Procedures for First Response and Transport Personnel

1. If a patient has a fever or lower respiratory symptoms (shortness of breath/difficulty breathing, cough):
  - a. Place a surgical mask on the patient and continue patient assessment, including obtaining detailed travel and possible exposure history (possible contact or caregiving to a confirmed 2019-nCoV/COVID-19 patient)
2. If the patient’s travel / social history is consistent with suspected PUI criteria:
  - a. Initiate standard contact and airborne precautions by donning a single pair of gloves, isolation gown, N95 respirator, and eye protection.
  - b. Keep the patient separated from other persons as much as possible and ensure all clinical care providers

have donned the appropriate PPE.

- c. Implement appropriate treatment protocols.
  1. If aerosolized medical procedures (BVM use, CPR, suctioning, nebulizer use, or advanced airway placement) are clinically indicated should be limited and/or exercise extreme caution.
- d. Contact the Receiving Hospital – as defined by GMVEMSC.
  1. All EMS on-line medical direction and patient destination assignments for 2019-nCoV/COVID-19 PUI will be coordinated through the Receiving Hospital.
  2. Receiving Hospital will coordinate PUI designation assignments to the closest most appropriate receiving hospital.
- e. During transport of the patient, If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
  1. Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible.
  2. Utilize the exhaust fan functionality during the transport and allow to run while offloading the patient.
  3. During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
3. Following conclusion of patient care, transfer of patient care:
  - a. Contact your agency supervisor to report possible exposure to suspected 2019-nCoV/COVID-19
  - b. Agency supervisor should contact the Duty Chief Officer for transport of a suspected PUI as soon as possible.
4. PPE Removal and Disposal recommendations:
  - a. PPE should be appropriately doffed following manufacturer recommendations and CDC procedures.
  - b. Reusable PPE (i.e. turnouts, etc.) should be cleaned utilizing manufacturer recommendations.
  - c. For PPE disposal at healthcare destination: utilize appropriate waste containers, doff PPE appropriately per CDC and perform hand hygiene.
  - d. For PPE disposal at non-healthcare locations: make efforts to place appropriately doffed PPE in external trash can with a RED bag. Perform hand hygiene after PPE disposal. Standard biohazard waste processes apply for COVID-19.