All Personnel,

Attached are updated guidelines for response to potential COVID patients and the use of PPE and approaching patients during the pandemic. This document also changes what are considered COVID Alert calls, so you will hear less of those on the radio. This does not mean that there are less potential cases, however, with the broad possibility of signs and symptoms the use of the terminology was becoming widespread. Treat every patient as potentially infectious and upgrade or back down PPE as appropriate once the patient has been assessed for and S/S of COVID-19.

Additionally, if an occupancy has signage posted that they are requiring the wearing of masks, we are to respect and comply with their wishes. Also, if the business is asking persons entering to have their temperature taken upon entry, we are to comply with those requests.

Stay safe! Thanks for all you do.

Sincerely,

Robert Staples, MS, CFO, EFO
Fire Chief
Glassy Mountain Fire Department
2015 Highway 11
Landrum, SC 29356
864-895-4306
864-895-4748 (Fax)
864-663-0868 (Direct Dial)
www.GMFD.net Facebook

Greenville County Fire Chiefs' Association
Greenville, SC

Robert Staples, Past President
Chip Dickert, President
Gary Brock, 1st Vice President
Dorian Flowers, 2nd Vice President
Russell Alexander, Treasurer

Interim Guidance for Fire Department Personnel on COVID-19 (Coronavirus)

Signs & Symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms.

COVID-19 spreads through the air, close personal contact, or touching an object or surface with the virus on it, then touching your mouth, nose, or eyes.

Guidance for Evaluation

- Fever **or** signs/symptoms of lower respiratory illness (cough or shortness of breath) **AND** any person, including healthcare workers who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
    - For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.
- Fever **or** signs/symptoms of lower respiratory illness (cough or shortness of breath) **AND** a history of travel to a country with a Level 3 travel notification (https://wwwnc.cdc.gov/travel/notices) or other well defined area with ongoing and sustained transmission within 14 days of symptom onset.

- Fever **and** signs/symptoms of lower respiratory illness (cough or shortness of breath) **AND** absence of a more likely alternative diagnosis. At a minimum, providers should consider rule-out testing with a respiratory virus panel that includes influenza. Other elements in the patient's history that may increase likelihood of exposure i.e. travel within or outside the U.S. should also be considered.

Exposure Risk & Procedures

- If you encounter a known COVID-19 patient or a patient that there is high index of suspicion of having COVID-19 and you are wearing all required PPE (glasses, mask, gown, and gloves) then your exposure level is low. Per DHEC guidance, you will be allowed to return to duty. You should self-monitor for symptoms for 14 days following potential or known contact with a COVID-19 patient. If you develop symptoms, you should immediately notify the appropriate supervisor based on your guidelines of the potential exposure to receive instructions on what to do.
- If you encounter a known COVID-19 patient or a patient that there is high index of suspicion of having COVID-19 and you are not wearing all required PPE (glasses, mask, gown, and gloves) then you should remove yourself from the immediate area and don the appropriate PPE. If the patient coughed directly in your face during the first contact then you will be classified as a high-risk exposure. This exposure type should result in consultation with DHEC for guidance.

Testing

- A new test site has opened at the old Gantt FD HQ located at 1331 White Horse Road. The test site operates on an appointment basis and is open on Monday, Wednesday, and Friday from 0800-1200. Those looking to get test should complete the form that was emailed out to all agencies, wait for DHEC to contact them to give an appointment date/time, and show up at the assigned time. Results for this test site are typically processed in 12-24 hours.
    - This test site is open for:
        - First responders
        - Healthcare workers
        - Family members living in the same household (must be 12 years of age or older and greater than 120 pounds)
        - Critical infrastructure employees for county and municipal governments
    - Criteria for testing:
        - Symptomatic
        - Seven days post exposure with a known COVID patient
- As mentioned, you can alternatively utilize the Prisma Health virtual visit website (https://www.prismahealth.org/coronavirus/) for testing.

Masking:

Surgical mask should be used for all patient encounters in which a provider makes contact with or is within 6 feet of any patient. The masks can be reused across patient encounters. If supplies permit, masks should be discarded following its use in patients with symptoms concerning for COVID -19. N95 masks should be used during any airway/breathing procedures given high potential for aerosolizing of particles. These include BIAD placement, nebulizer treatments, CPAP and BVM. Stricter masking precautions should be considered if supplies permit.

Cleaning & Prevention Practices

- Handwashing is the single best prevention practice, wash hands often
- Use an alcohol based hand sanitizer if unable to wash your hands, then wash hands as soon as possible
- Avoid touching eyes, nose, or mouth with unwashed hands
- Cover mouth/nose with a tissue or sleeve when coughing or sneezing
- Stay home while you are sick and avoid others
- Clean equipment after each call and frequently touched surfaces regularly using EPA registered disinfectants with known effectiveness against coronavirus.

PPE & Scene Response

- It is recommended that all responders where a minimum of a surgical mask while on medical calls along with utilizing the below guidance.
- While en route to a run that has been designated as a "COVID ALERT" or a dispatch complaint that would lead to a high index of suspicion for a possible infectious respiratory disease, personnel should have a heightened level of awareness. Limited personnel should enter the scene to perform an initial screening, conducted from a distance of six to eight foot away from the patient. If the patient meets criteria consistent with COVID-19, then personnel should back out and don the appropriate PPE listed below. After PPE has been donned, personnel should entered the scene with minimum recommended equipment (pulse oximeter, blood pressure cuff, stethoscope, thermometer – if available). Only personnel needed to effectively treat the patient should enter into the treatment area. All others should remain outside the room or residence.
- The surgical mask is the preferred mask for patients who present with COVID-19 symptoms. If a surgical mask in unavailable, a non-rebreather mask is another alternative.
- Provider PPE: If the patient meets criteria for COVID-19, then providers that are actively engaged in patient care should utilized a surgical mask (not a N95 mask) along with other appropriate PPE while performing patient care. N95 mask should only be utilized when personnel will be providing patient care that involves anything more than basic airway management (nebulizers, BVM, iGel, suctioning, CPAP, etc.). It is the recommendation of medical control that nebulizers not be used for patient who may have COVID-19.

ESO

- Providers encountering potential COVID-19 patients should document their encounter accurately within the ESO software.
    - Primary impressions should reflect one of the three listed in ESO. (COVID-19 – confirmed by testing, COVID-19 – exposure to confirmed patient, COVID-19 – suspected – no known exposure)
    - Outbreak screening and Patient travel forms should also be completed.

Updated Interim Guidance on Ending Isolation for COVID-19 Infection and Healthcare Worker Return to Work

Summary

- The test-based strategy is no longer recommended to determine when to end transmission-based precautions (isolation) after COVID-19 infection or to allow healthcare providers to return to work, except for rare situations.
- Changes to the criteria to end isolation for symptom-based criteria include:

    - 24 hours must have passed since last fever without the use of anti-pyretic medications (reduced from 72 hours).
    - Symptoms must have improved (no longer states just "respiratory symptoms").
    - 10 days must have passed since symptoms first started for persons with mild to moderate illness and who are not immunocompromised.
        - For persons with severe to critical illness or who are severely immunocompromised, the recommended time to remain in isolation has been extended to 20 days since symptoms first started.
        - Definitions for mild, moderate, and severe illness are provided in a link in the resources below.
- Other notes:
    - Quarantine period for those who live in households with a COVID-19 case is now 14 days after the date the case meets criteria to end isolation.
    - Symptomatic cases of COVID-19 that are confirmed by PCR testing and have completed the recommended isolation period do not need to quarantine for any close contact exposures to a COVID-19 case that occurs in the three (3) months after the onset of symptoms. They should quarantine according to current guidelines for any exposure occurring after that three (3) month period.

Background

On July 17, 2020, CDC updated their guidance for discontinuing transmission-based precautions (isolation) for those with known or suspected COVID-19 infection for healthcare settings, non-healthcare settings, and allowing healthcare workers to return to work. The guidance provided here updates previous guidance provided through the SC Health Alert Network.

In general, the test-based strategy is not recommended to determine when to end isolation precautions. Many patients continue to shed detectable viral RNA for weeks to months after infection with no indication they continue to be infectious (see CDC decision memo). An estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patients had replication-competent virus more than 20 days after onset of symptoms.

The updated CDC criteria recommends a symptom-based strategy with a time component based on the severity of the patient's illness or if they are severely immunocompromised. A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) if concerns exist for the patient being infectious for more than 20 days. This recommendation applies also to the decision to allow healthcare workers to return to work.

Recommendations

Symptom based strategy requires that patient meet the following criteria:

- At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved **and**
- The time frame that must have passed since symptoms first appeared is:
    - 10 days for mild to moderate illness and not severely immunocompromised
    - 20 days for severe or critical illness and/or severely immunocompromised

Asymptomatic cases that never develop symptoms should isolate until 10 days after the specimen collection for their first positive test. For severely immunocompromised patients who are asymptomatic, discontinue isolation when at least 20 days have passed since the date after the specimen collection for their first positive test.

A **test-based strategy** is no longer recommended except for certain circumstances because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious (see CDC decision memo). Providers should use clinical judgment if they believe that the patient's illness severity and immunocompromised status may put them at risk for viral shedding beyond 20 days. Criteria for using the test-based strategy is unchanged when it is applied.

Suspect cases of COVID-19 should follow isolation precautions until test results are available. If index of suspicion is high for COVID-19 despite a negative test, consider recommending using the symptom-based strategy described above to discontinue isolation. Those never tested should also use this approach.

Healthcare workers who return to work after completing the symptom-based criteria should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
    - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Crisis-standards of care for patient care in hospitals: Because the majority of severely or critically ill patients no longer appear to be infectious 10 to 15 days after onset of symptoms, facilities operating under crisis standards of care might choose to discontinue Transmission- Based Precautions at 10 to 15 days, instead of 20 days, in order to maximize resources (e.g. PPE) for those earlier in their clinical course who are at highest risk for being a source of transmission.

Quarantine for household contacts to a COVID-19 case: Individuals living in a household with a person infectious with SARS-CoV-2 should quarantine throughout their housemate's isolation period and an additional fourteen (14) days (Scenario 4 in the CDC guidance). Previous DHEC guidance stated an additional seven (7) days, but the timeframe was extended to be consistent with CDC guidelines.

Quarantine after recovery: Confirmed cases (PCR positive) that become symptomatic and have recovered will not be required to quarantine for any cases living in the same household or new exposures outside the household for the three (3) months after their symptom onset. If they are a close contact to a case after this three (3) month period, they will be required to quarantine according to current guidelines.

Resources

CDC Discontinuation of Transmission-Based Precaution and Disposition of Patients with COVID-19 in the Healthcare Setting (Interim Guidance): https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
CDC Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance): https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
CDC Duration of Isolation and Precautions for Adults with COVID-19 (Decision Memo): https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html
CDC Clinical Questions about COVID-19: Questions and Answers: https://www.cdc.gov/coronavirus/2019- ncov/hcp/faq.html
CDC COVID-19 Illness Severity Criteria: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions