



Greenville County Fire Chiefs' Association Greenville, SC

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

Signs & Symptoms of COVID-19

- Acute fever, signs/symptoms of lower respiratory illness (cough, difficulty breathing, shortness of breath)
- 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.

- If you would like to seek medical advice, you can utilize the Prisma Health virtual visit website (<https://www.prismahealth.org/coronavirus/>). If you were to get a recommendation for testing, then you would need to email either Dr. Lutz or Dr. Cobb to have an order written for testing. For this process to work you must have been a patient at a Prisma Health facility in the past. You need to include in your email that you received an order for testing through the virtual visit website, your name as it would be listed from your last visit, and your date of birth.

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

- 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 feet 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 enter 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 is 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 utilize 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.