

RC MERT COVID-19 Emergency Policy Update

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River Campus Medical Emergency Response Team

University of Rochester
Rochester, NY 14627

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1. Emergency Policy Update

1.1. This Emergency Policy Update serves to address problems and circumstances specific to RC MERT's operation during the COVID-19 pandemic. The policies laid out in this document will therefore override any Standard Operating Procedures that may be of conflict.

1.1.1. These policies will stand in place until it is determined by the Executive Board along with recommendations from the CDC and NYS DOH that the policies outlined below are no longer necessary to combat the COVID-19 pandemic.

1.1.2. Despite RC MERT Policies typically being voted on solely by the Executive Board, any general member may express concerns or recommendations regarding this document to any member of the Executive Board.

2. Exposure Policy

2.1. Definition of Exposure

2.1.1. Following the CDC's most recent recommendations, a healthcare provider with prolonged close contact with a confirmed COVID-19 patient without proper Personal Protective Equipment usage is considered exposed.

2.1.1.1. A prolonged contact is considered to last 15 minutes unless an aerosolized procedure was performed in which case it is always considered prolonged contact.

2.1.1.2. Close contact is considered to be within a 6 foot distance.

2.1.2. Exposure can also include any patient bodily fluid coming in contact with a member's mucous membranes.

2.1.3. Proper personal protective equipment usage is outlined in Section 6.

2.1.4. Exposure has occurred regardless of whether or not the health care provider is symptomatic or not.

2.2. Definition of Symptomatic Provider

2.2.1. A symptomatic provider is defined as anyone who is experiencing the following symptoms that are not attributable to the person's normal condition or other disease/disorder: fever of 100.4°F or higher, chills, body/muscle aches, cough, shortness of breath, sore throat, nasal congestion, post-nasal drainage, nausea, vomiting, diarrhea, fatigue, or wheezing.

2.3. Exposure Response

2.3.1. Any exposed members should take immediate action to clean contaminated non-mucous membranes thoroughly with soap and water for fifteen minutes. Any exposed mucous membranes should be flushed with water or saline for fifteen minutes.

2.3.2. A member who is exposed must notify the Assistant Director of Operations, fill out a physical exposure report, and fill out the exposure report on emsCharts as soon as possible but no later than 24 hours following the exposure.

2.3.3. Members who are exposed must contact University Health Service for follow up care. Members should document the name of the provider who provides follow up

care as well as the report given to them by their provider. This documentation should be reported to the Assistant Director of Operations.

2.3.4. Asymptomatic Providers

2.3.4.1. Following the most recent New York State Bureau of Emergency Medical Services and Trauma Systems policy statement, exposed providers can continue to take shifts granted they are asymptomatic and their absence would significantly and negatively impact MERT's ability to continue to provide an appropriate level of response.

2.3.4.1.1. Field Staff may take shifts following these guidelines, but it is ultimately up to the discretion of the on-shift crew chief to determine field staff's eligibility to provide care.

2.3.4.1.2. Exposed 803s will not be permitted to take shifts for 14 days following their exposure. In the event of crew shortages, this policy is subject to change by decision of the Director of Operations.

2.3.4.1.3. Asymptomatic exposed members must self-monitor twice a day and maintain as little interaction with other crew members as possible.

2.3.5. Symptomatic Providers

2.3.5.1. Symptomatic exposed providers must isolate for at least 14 days after onset of symptoms and be free of a fever or symptoms 72 hours before taking shifts. This timeline is subject to change as determined by University Health Service healthcare providers.

2.3.5.1.1. Members must get tested for COVID-19 if symptomatic.

2.3.5.1.2. Members must contact University Health Service within 24 hours after the onset of symptoms.

2.3.5.2. Members must maintain as little contact with other crew members as possible for 14 days after the onset of symptoms.

2.3.5.3. Medical clearance from UHS will be required before a symptomatic member may take shifts.

3. Risk Minimization

3.1. Calls from 0800 to 2000 will not be covered by RC MERT.

3.2. The number of bystanders and personnel on the scene of calls should be reduced as much as possible, at the discretion of the on-shift Crew Chief.

3.3. In the event that the University of Rochester River Campus ends the in-person portion of classes early and sends students home, RC MERT will go out of service.

3.4. Any member whose temperature at the start of shift is at or above 100.4°F and/or is experiencing symptoms of COVID-19 as described in Section 2.2 will not be permitted to take that shift or any other shifts until symptoms subside and they have not had a fever for 72 hours.

3.4.1. Following isolation from the crew, the member should contact UHS for follow-up care.

- 3.5. The washing of hands with either soap and water or hand sanitizer should be practiced frequently and must be practiced when entering the UHS Office **and after responding to a call.**
- 3.6. If two or more members are in the UHS office, each member must wear a mask.
- 3.7. Members will be provided a clean sheet and blanket for each shift, but will have to bring their own personal pillows and bedding if desired.
- 3.8. Members should leave bunk room doors open after use to allow proper air circulation.
- 3.9. Members will be given one face shield and one set of goggles for use on all of their shifts. These must be taken home after shift and be brought to the start of every shift.
 - 3.9.1. Members are responsible for disinfecting their own face shields and goggles.
- 3.10. Members should not wear used Personal Protective Equipment in Vehicle 800.
- 3.11. In compliance with University of Rochester guidelines, members should complete Dr. Chatbot surveys every day before entering campus.
- 3.12. Members should only sleep in the designated bunk rooms while on shift.
- 3.13. **All members must sign a “University of Rochester Acknowledgement of Risk” form before they respond to a call.**
4. Start of Shift
 - 4.1. Members must bring their face shield and goggles to each shift.
 - 4.2. Hand sanitizer must be used after entering the UHS office.
 - 4.3. Each member is allowed one surgical mask per shift, **unless the mask becomes soiled with a patient’s bodily fluid, in which case a member may take a replacement mask. It is preferred that members use face shields on all calls in order to protect their masks.**
 - 4.4. All members must fill out the Shift Log Sheet in the UHS office accurately.
 - 4.4.1. This requires that a temperature be taken using the non-contact thermometer.
 - 4.5. The UHS office, the Bunk rooms, and Vehicle 800 must be decontaminated.
 - 4.5.1. Any obvious or known spots where body fluid has come into contact or other strong contamination has occurred should be cleaned with Cavi Wipes.
 - 4.5.2. All other surfaces that could have been touched by other members, including but not limited to light switches, bed mattresses, door handles, tables, chairs, pens, and 801, 802, and 803 bag handles should be thoroughly cleaned with strong disinfectant wipes.
 - 4.5.3. Radios, **801 key ring**, the keyboard, and the mouse should be cleaned using isopropyl alcohol or **In-Cide** spray on a paper towel. These cleaners should not be sprayed on the radio, keyboard, or mouse directly.
 - 4.5.3.1. It is preferred that members use their own computers to chart to prevent cross contamination from the keyboard and mouse on the computer.
 - 4.6. The Shift Checkout form must still be completed accurately and in a timely manner.
 - 4.7. Members should place a new sheet and blanket onto the bed that they will be personally using that night.
5. End of Shift

- 5.1. Remove used sheets from the bunk room beds and place them into the soiled linen container.
- 5.2. Members must place used N95 respirators into a paper bag and fold over the opening to close it. This bag must then be placed into the appropriately labeled container to be cleaned.
 - 5.2.1. Both the respirator and the bag must be labeled with the member's name along with "RC MERT" in permanent marker.
- 5.3. All members must sign out on the Shift Log Sheet in the UHS office accurately.
- 5.4. Members must notify the Equipment Manager if the biohazard bin is getting close to full.
- 5.5. It is highly recommended that members go straight home and shower immediately after shift. Members should avoid going to public or populated places in uniform after shift.
6. Personal Protective Equipment (PPE)
 - 6.1. Members will not be punished for donning full PPE unnecessarily, however, IRs may be filed against providers for not donning PPE when indicated.
 - 6.2. If any member is caught stealing PPE, an IR will be filed against them which could result in disciplinary action, up to and including termination.
 - 6.3. Used PPE shall not be worn in Vehicle 800, **except for surgical masks, N95s, face shields, eye goggles, or one glove to hold a used biohazard bag when returning from a call.**
 - 6.4. Every member will be provided one face shield and one pair of eye goggles. Members are expected to be responsible for decontaminating them and storing them in their rooms. They are expected to bring both to every shift, and an IR will be written if they fail to do so.
 - 6.5. Crews must be wearing surgical masks or cloth masks when in contact with each other in the UHS office. If a member is in the office or one of the bunk rooms alone, they are permitted to take their mask off.
 - 6.6. All members must be trained on how to properly don and doff PPE **and on the COVID-19 Emergency Policy Update** before they take a shift.
 - 6.7. All members must wear gloves when in close contact with any patient.
 - 6.8. All members must wear eye goggles on all patient encounters involving close contact.
 - 6.9. If a patient does not have a mask, members must provide a surgical mask for the patient. Bystanders without a mask should be asked to step away from the scene.
 - 6.10. Oxygen Administration
 - 6.10.1. If oxygen through a nasal cannula is indicated, the patient should be given the nasal cannula and the surgical mask should be placed over the nasal cannula. Minimal oxygen flow should be used to obtain adequate SpO2.

6.10.2. If oxygen through a nonrebreather mask is indicated, the patient should be given a surgical mask and the nonrebreather mask should be placed over the surgical mask. A flow rate of no more than 10 liters per minute should be used **unless the Crew Chief on-shift deems it absolutely necessary.**

6.11. Aerosolized Procedures

6.11.1. An aerosolized procedure is defined as any procedure that generates higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. Aerosolized procedures and situations include nebulizer treatments, CPAP, BiPAP, suctioning, intubation, BVM use, NRB use, or when the patient is vomiting, screaming, or spitting.

6.11.2. In any situation that aerosolization occurs, a properly fitted N95 mask, disposable gown, gloves, and eye goggles must be donned at a minimum of 6 ft away from a patient.

6.11.3. When administering a nebulizer treatment, if reasonable to do so, as determined by the Crew Chief on-shift, patients should be brought outside or to a well ventilated area and crew members should step away from the patient while the patient is using the nebulizer. In all cases where albuterol is indicated, it is preferable for crews to use the patient's MDI if available.

6.11.4. Disposal and Sterilization

6.11.4.1. Any PPE that does not have biohazardous material on it should be disposed of in a trash can, except for N95 masks. N95 masks should only be disposed of if they are torn, frayed, do not fit anymore, or are soiled through with bodily fluid.

6.11.4.2. N95 masks should be placed in a paper bag. Both the mask and the bag should be labeled with the member's full name and "RC MERT" in permanent marker. The bag's opening should then be folded over and the bag should be placed in the labeled container for sterilization.

6.11.4.2.1. N95 masks will be sterilized once a week on Fridays.

6.11.4.2.2. N95 masks should be disposed of after 20 uses, if it is no longer fitting properly, or it comes back from sterilization looking soiled.

6.11.4.3. Any PPE that has come into direct contact with bodily fluids should be placed into a biohazard bag which should then be placed into the biohazard bin.

6.11.4.4. Face shields and goggles should be sterilized using an EPA approved disinfectant.

7. Assessment Questions

7.1. The following questions must be asked to all patients until further notice.

7.1.1. Are you currently experiencing or have you recently experienced any of the following symptoms: fever greater than 100.4°F, chills, sore throat, nasal congestion,

post-nasal drainage, shortness of breath, nausea, vomiting, diarrhea, wheezing, cough, headache or fatigue?

7.1.2. Have you traveled anywhere in the last 14 days and if so, where?

7.1.3. Have you been in close contact with anyone who has been diagnosed with COVID-19 in the past 14 days?

7.1.4. Have you recently been tested for COVID-19 and if so, when were you tested and what was the result?

7.2. If a patient answers “Yes” to the questions listed under 7.3.1., 7.3.3, or if the patient answered that they had a positive test result in response to question 7.3.4., members should don an N95, disposable gown, gloves, and eye goggles.

8. emsCharts Updated Documentation Guidelines

8.1. Members must document exposures in emsCharts on Page 2 in addition to filling out a physical form in the UHS office.

8.2. In the Activity Log on Page 8, members should be charting what PPE was donned and when it was donned. When PPE was doffed should also be documented, along with what equipment was sterilized and what it was sterilized with.

8.3. On page 9, the “Supplies Used” miscellaneous form is now mandatory to complete before locking the chart. Members should mark what PPE was used on the call and the quantity of PPE used.