

COVID-19

First Responders and the Novel Coronavirus

Status and Background:

As many of you are already aware, the number of COVID-19 cases in Canada continue to rise. As of March 15, 2020, there are 249 confirmed cases and 4 probable cases. While the vast majority of these cases relate to travelers (79%) or the close contacts of travelers (8%), there is the potential for local transmission and first responders must remain vigilant.

On March 14, 2020, Newfoundland and Labrador identified its first presumptive case of COVID-19. This case was related to international travel and public health officials are conducting contact tracing to attempt to identify any close contacts and limit further spread of the virus.

Symptomology:

Coronaviruses are a group of viruses that cause disease in mammals and birds. In humans, symptoms are usually uncomplicated upper respiratory tract infections. The most common symptoms reported are fever, cough and shortness of breath, however, the severity of the illness is variable and can result in more severe illness for the very young, the very old, immunocompromised patients or patients with underlying disease. The incubation period of 2019-nCoV appears to be within 14 days, but is likely shorter (5-6 days).

Transmission:

One of the concerning features of this new coronavirus is its ability to spread from human to human. The level of infectiousness, or ease of transmission, is still unclear. The coronavirus appears to spread via close contact (2 meters) with infected people and/or spreads through exposure to the large droplets created from coughing or sneezing. The life span of the virus while outside the body is unknown. Other human coronaviruses can live on contaminated surfaces for up to 7 days. **It is important to note that all viruses have an incubation period.** The incubation period is the period between the exposure of an individual to a pathogen (virus) and the beginning of the illness or disease it causes. Newly exposed individuals are not contagious. Individuals are contagious when they become symptomatic. Prior to having symptoms it is unlikely that an individual can spread the illness. **Not all individuals who are exposed will develop disease.**

Patient Identification:

Despite best efforts to contain the spread of COVID-19, cases continue to rise worldwide. Because of this, all persons presenting to first responders with a fever and acute respiratory illness **MUST** be questioned about their travel history. This includes asking:

- Have you travelled outside of the Canada **or** the province in the 14 days before onset of illness

OR

- Have you been in close contact with a confirmed/probable case of COVID-19?

OR

- Have you had close contact with a person with acute respiratory illness who has travelled outside of the Canada or the province in the 14 days before onset of illness

If yes to the above, immediately implement droplet and contact precautions, mask the patient.

Up to date information regarding COVID-19 is contained on the [Government of Newfoundland and Labrador website](#).

Please use these documents to remain up to date on which areas are affected as this is likely to continue to change.

Protecting yourself:

Personal Protective Equipment (PPE)

The purpose of PPE is to interrupt the transmission of infection. Donning (putting on) and doffing (taking off) of PPE should be reviewed. You are at greatest risk to contaminate yourself when removing PPE. If EMS is present, take direction from EMS. If EMS is not present and responding to a call involving a person suspected of having COVID-19.

- Immediately provide the person with a surgical mask to wear.
- Don the appropriate Personal Protective Equipment
 - AAMI level 2 fluid resistant gown or bunker gear,
 - 12 inch nitrile medical gloves
 - Surgical mask with eye protection. (goggles and surgical mask may be used depending on your profession)

Removing Protective equipment

- Remove gloves - Clean hands with alcohol based hand rub (ABHR) unless visibly soiled
- Remove gown or bunker gear – Clean Hands with ABHR unless visibly soiled
- Remove eye protection
- Remove mask
- Clean your hands with ABHR unless visibly soiled

Update: Bunker gear issued to firefighters is considered as protective as a gown and may be worn by firefighters in situations where gowns would be required. If bunker gear is worn instead of a gown, it should be removed carefully and cleaned and disinfected before next use as per the policies and procedures of the fire service. If bunker gear is grossly contaminated, it should not be worn in the vehicle, but should be removed, bagged and stored for proper cleaning and disinfection as per service policy and procedure. (Source [link](#).)

If your hand are visibly soiled, proper handwashing with soap and water must be performed. Reusable PPE such as goggles must be properly cleaned, decontaminated, and maintained after and between uses. Goggles should be cleaned according to manufacturer's directions.

N95 Respirators

N95 respirators are not required for general care of clients with or suspected of having COVID-19. N95 respirators require the wearer to be fit tested to be effective. A good fit is not ensured unless the wearer is clean shaven. N95 Respirators are only recommended for aerosol generating procedures. Typically these procedures are only encountered in the health care setting. Check with your employer to see if your fit testing is up to date.

Hand Hygiene

Hands should be cleaned with alcohol based hand rub (ABHR) unless visibly soiled. If visibly soiled wash hands with soap and water. ABHR should have a minimum of 60% alcohol. Hand Hygiene is important as the virus may also spread by touching contaminated objects or surfaces and then touching your mouth, nose, or eyes.

Transport:

If transporting a suspected COVID-19 patient, ensure you and the patient wear a surgical mask for the duration of transport.

Post Transport Cleaning/Disinfection

Standard hospital grade disinfectants should be used to clean vehicle and equipment used to transport possible COVID-19 patients. Ensure to follow all manufacturer directions regarding contact and drying times.

Since no disinfectant efficacy test is currently available for COVID-19, it is recommended a cleaner/disinfectant effective for to the human coronavirus be used. Accelerated hydrogen peroxide is one such cleaner and disinfectant.

Staff must wear the appropriate PPE, as detailed above, while disinfecting ambulance surfaces.

General cleaning and disinfection of surfaces

Routine, thorough environmental cleaning and disinfection with a cleaner/disinfectant capable of killing COVID-19 on commonly touched environmental surfaces (door handles, toilet flush handles, light switches, elevator buttons, keyboards, and phone) is important to reduce the risk posed by environmental surfaces.

Post Contact Information:

The following information should help guide you if, through the course of your duties, you encounter a suspected or confirmed COVID-19 patient:

- You may return home at the end of your shift. Self-isolation is not required unless symptoms are present.
- If at any time you develop symptoms consistent with COVID-19 you should immediately take steps to self-isolate yourself and contact 811 for further advice. Information regarding self-isolation is available [here](#).

LINKS:

Hand Hygiene:

https://www.health.gov.nl.ca/health/publichealth/cdc/Clean_Hands_Across_NL_All_staff.pps

PPE posters:

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Putting_It_On.pdf

https://www.health.gov.nl.ca/health/publichealth/cdc/PPE_Taking_It_Off.pdf

How to use hand sanitizer and hand washing:

https://www.health.gov.nl.ca/health/publichealth/h1n1_old/how_to_wash_hands_2009.pdf

https://www.health.gov.nl.ca/health/publichealth/h1n1_old/how_to_sanitize_hands_2009.pdf

For general information on COVID-19 please visit www.gov.nl.ca/covid-19