



CFR-D Manual, Chapter 6
OFFICE OF MEDICAL AFFAIRS DIRECTIVE 2020-05
March 4, 2020

CORONAVIRUS (COVID-19) OUTBREAK (UPDATE)

1. GENERAL INFORMATION

- 1.1 The World Health Organization (WHO) alerted healthcare providers that there is a coronavirus outbreak in China which began the end of December, 2019. The incubation period is suspected to be anywhere from two to 14 days.
- 1.2 To date, thousands of cases have been identified globally and several thousand deaths reported, with predictions that there will be far more cases of pandemic proportions. Patients present for the most part with fever or respiratory symptoms and ultimately are diagnosed with pneumonia. All initial cases were deemed to have contact with a seafood market in Wuhan China which also traded other livestock. WHO reports that person-to-person transmission is confirmed and that the virus can remain alive on surfaces for up to 9 days.
- 1.3 WHO called the epidemic a global health emergency on January 30th and subsequently named this disease COVID-19 (Coronavirus disease-2019). WHO reports that approximately 80% of infected persons have mild symptoms and recover while approximately 20% of infected persons, particularly older and those with comorbid illnesses, tend to do worse.
- 1.4 Based upon cases of migration of the virus outside of Chinese borders, CDC has been screening passengers traveling into the United States through multiple airports.
- 1.5 Coronaviruses are a large family of viruses usually found in animals but can cause human illness ranging from a strain that causes the common cold to the more serious disease currently identified (COVID-19).

2. SCOPE

- 2.1 This directive applies to all FDNY EMS providers (CFRs, EMTs, paramedics, and Officers), and Voluntary Hospital ambulance personnel who provide prehospital emergency medical treatment in the New York City 911 System.

3. PROCEDURE

3.1 AIRPORT

- 3.1.1 CDC is screening passengers who arrive at JFK airport from China and other suspected countries. Those without symptoms are provided an information card to contact **CDC/NYC DOH** if they develop fever or respiratory symptoms at a later time.

- 3.1.2 For those passengers identified with fever and symptoms at the time of screening, an EMS response for transport will be requested.
- 3.1.3 EMD will be contacted by JFK Operations for an EMS response and the call will be dispatched with the FC (fever cough) suffix to identify the possible COVID-19 call.
- 3.1.4 Members responding to such incidents shall follow all respiratory protection precautions including donning a gown, eye protection, gloves, and an N95 mask.
- 3.1.5 A surgical mask may be placed on the patient to minimize spread of infection while constantly monitoring the patient's airway and breathing.
- 3.1.6 Most patients will be transported to the closest appropriate 911-receiving emergency department with isolation capability.
- 3.1.7 For any patient suspected of having the coronavirus as identified by the CDC, OLMC **MUST** be contacted for guidance of the most appropriate 911-receiving emergency department with isolation and laboratory testing capabilities.
- 3.1.8 If multiple patients are identified, all MCI policy and procedures will be implemented.
- 3.1.9 If a patient refuses to be transported, then CDC may issue a Federal Order mandating transport.

3.2 COMMUNITY

- 3.2.1 Patients with COVID-19 may be first identified with disease in the community.
- 3.2.2 If EMD identifies a patient calling 911 as potentially having COVID-19, a call-type with an FC (fever cough) suffix will be entered into CAD.
 - 3.2.2.1 Current screening criteria includes the patient having a Fever **OR** cough **AND** travel to Asia, the Middle East, or Italy in the past 2 weeks or having close contact with an ill person who has traveled from these locations in the past 2 weeks.
Note: *Geographical areas of concern for FC criteria will continually be updated as new information becomes available.*
 - 3.2.2.2 Responding providers must don PPE as specified in section 3.1.4, before making patient contact.
 - 3.2.2.3 If upon patient assessment, the providers determine that the patient does not meet the screening criteria above, then they may doff PPE and must request EMD to change the call-type to one without an FC suffix.

3.2.3 If a non-FC call is identified upon arrival to be suspicious for the FC call type, meeting COVID-19 screening criteria as defined above, then responders shall maintain a distance of at least 6 feet and don PPE as defined in section 3.1.4 prior to making contact with the patient. Crews shall then notify EMD to change the call-type to one with an FC suffix.

Note: *PAPR Level HazTac PPE is **NOT** required.*

Note: *In all suspected cases of COVID-19, OLMC MUST be contacted for guidance of the most appropriate 911 receiving emergency department with isolation and laboratory testing capabilities.*

4. DECONTAMINATION PROCEDURES

- 4.1 All routine decontamination procedures shall be followed. Frequent hand washing is recommended and if soap and water are not immediately available, alcohol based hand sanitizer shall be utilized. Providers should avoid touching eyes, nose, and mouth with unwashed hands.
- 4.2 CDC has advised that routine decontamination procedures of wiping down surfaces in the ambulance and keeping the rear ventilation system on with all doors open for at least 10 minutes is adequate for decontamination purposes.

**BY ORDER OF THE FIRE COMMISSIONER, CHIEF OF EMS
AND THE OFFICE OF MEDICAL AFFAIRS**

