



HOUSTON FIRE DEPARTMENT

MEMORANDUM

To: All Officers and Members
From: Justin Wells, Assistant Chief
Through: Robert I. Garcia, Assistant Fire Chief
Subject: COVID-19 Update
Date: March 6, 2020

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Sylvester Turner

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Controller,
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HFD continues to monitor the status of the ongoing COVID-19 outbreak, and adjust procedures as needed. Please carefully review this update for current procedures.

FOR ALL EMS CALLS: Patient care record narratives must include detailed information on PPE used and the level of patient contact for each member on scene. This will allow us to accurately assess risk levels on any calls where a COVID-19 case isn't identified until after transport.

Current Criteria for Suspected COVID-19 Cases:

Units dispatched to known Patients Under Monitoring (PUD) for COVID-19 or to incidents that Call Takers have identified as potential COVID-19 cases will be notified by the Tac Operator via radio to check messages on their MDC.

HFD members will need to assess all patients for COVID-19 risk when arriving on scene.

The criteria used to identify potential cases **WILL CHANGE** as the outbreak progresses. Currently, a patient should be considered a suspected COVID-19 case if they present with:

- Fever or symptoms of acute lower respiratory illness (cough, shortness of breath)

AND

- Within the prior 14 days:
 - History of travel to an area experiencing sustained community transmission.
 - Currently: China (Including Hong Kong), Iran, Italy, Japan, South Korea
 - Was a close contact with a confirmed COVID-19 case.

20-081



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Patient Assessment:

- If the responding unit has been notified prior to arrival that the patient is suspected of having COVID-19:
 - Any member coming within 6 feet of the patient should put on appropriate PPE (gloves, N95 mask, goggles, and gown or coveralls).
 - Responding units should limit the number of personnel coming within 6 feet of the patient to minimize the number of members potentially exposed.
 - A surgical mask (or an N95 mask if a surgical mask is not available) should be placed on the patient.
- For all patients:
 - When possible, initial assessment (screening for symptoms, close contact with COVID-19 cases, and travel history) should be taken 6 feet away from the patient.
 - Contact with patients presenting with fever and/or symptoms of respiratory disease should be minimized until a surgical or N95 mask can be placed on the patient.
 - Responding units should limit the number of personnel coming within 6 feet of the patient to minimize the number of members potentially exposed.
 - If the patient is identified as a suspected COVID-19 case:
 - Appropriate PPE (gloves, N95 mask, goggles, and gown or coveralls) should be donned before approaching the patient if COVID-19 is suspected.
 - If COVID-19 is not suspected, members should follow standard HFD procedures for PPE (found in the Infection Control Guideline on the HFD Desktop III-03 Infectious Disease and Control).
- HFD has ordered surgical masks for use by patients. Any patient presenting with fever and/or signs or symptoms of respiratory infection should be immediately provided with a mask. If a surgical mask is unavailable, an N95 mask may be used. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. A non-rebreather may be used if indicated.
- Please see Medical Direction's protocol amendment on the use of nebulized medications and endotracheal intubation for suspected COVID-19 patients. Correct usage of PPE (N95 mask, goggles, gloves, and gown or coveralls) is particularly important for any aerosol-generating procedures.

Personal Protective Equipment (PPE):

- Members providing direct patient care to, riding in the patient compartment with, or coming within 6 feet of a suspected COVID-19 patient should don the following PPE:
 - N95 Mask
 - Goggles
 - Disposable gown or coveralls
 - Gloves
- Standard PPE for patients presenting with a fever and/or signs of respiratory illness that are NOT suspected of having COVID-19 includes medical gloves and an N95 mask.
- Engine Operators who make patient contact with ANY patient, including suspected COVID-19 cases, must remove all PPE and perform hand hygiene after completing care and before entering the driver's compartment.



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- All members should avoid touching their face while in PPE and providing patient care. Proper hand hygiene should be IMMEDIATELY performed once PPE is removed and before touching your face, body, uniform, or uncontaminated areas. You should not enter a clean area before performing hand hygiene. Any delay in performing hand hygiene will put members at risk of infection.

Hand hygiene consists of washing for a minimum of 20 seconds with soap and water. If soap and water is not immediately available members should use an alcohol-based hand rub.

- ALL GOGGLES MUST BE CLEANED AND DISINFECTED AFTER **EVERY** PATIENT CONTACT regardless of if COVID-19 is suspected. Visible decontamination should be washed off with soap and water before using HFD-provided disinfectant. Disinfectant should be used according to the label on the product. Contaminated goggles should be placed in a red biohazard bag until proper cleaning and disinfection can occur. **Failure to clean and disinfect goggles will increase your risk of exposure to COVID-19 and other pathogens.**

Suspected COVID-19 Patient Transport:

- The receiving hospital should be notified by way of a Priority 2 conversation with the Base Station.
- Family members and other close contacts of patients will not ride in the cab with the EO and should be encouraged to drive or seek an alternate ride to the receiving hospital. Any family members or contacts riding in the patient compartment must wear a mask.
- The window between the patient compartment and the cab should be closed.
- Air conditioning in the transport unit should be set to non-recirculation mode.
- When possible, outside windows in both compartments should be opened to maximize air exchange, reducing potentially infectious particles.
- If the patient is stable, the EO should make contact with the ER Triage RN immediately upon arrival, and before unloading the patient from the unit. This will allow the hospital to activate any plans or precautions initiated after Base Station notification.
- Documentation of patient care should be done after transfer of care has been completed, PPE has been removed and disposed of, and hand hygiene has been performed. The record should include the level of contact that each member dispatched on the call had with the patient, and what PPE was worn.



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Cleaning Transport Vehicles after Suspected COVID-19 Case Transports:

MUST BE COMPLETED BEFORE THE UNIT GOES BACK IN SERVICE.

- Leave the rear doors of the unit open while transferring patient care to the hospital, doffing PPE, performing hand hygiene, and completing all required documentation. This will allow for sufficient air exchange to remove potentially infectious particles in the air. Doors should remain open while cleaning.
- When cleaning the vehicle, members should wear a gown and gloves AT MINIMUM. If splashes or sprays are anticipated while cleaning, goggles and mask should also be worn.
- All surfaces that may have come in contact with the patient, their secretions/excretions, or contaminated PPE or materials (e.g. stretcher, rails, control panels, floors, walls, work surfaces, door handles) should be thoroughly cleaned and disinfected.
 - Surfaces and stretchers shall be cleaned of any visible contamination and then disinfected with department approved disinfectant wipes or disinfectant spray. All cleaning solutions and wipes should be used according to the label. The cleaning solution must be allowed to air dry.
 - New sheets shall be used for each patient.
- Clean and disinfect reusable patient care equipment according to manufacturer's instructions. Equipment should be cleaned of any visible contamination before disinfection.
- Follow standard procedures for the disposal of medical waste.

Exposure Follow-up and Reporting Measures:

- HFD Infection Control should be contacted at 346-291-4964 before going back in service to ensure member safety. HFD Infection Control will notify appropriate public health services and make sure that Exposure Protocol is followed.
- HFD will comply with Health Authority policy on risk assessment for all contacts with COVID-19 patients.

This is an evolving situation. Visit [cdc.gov/coronavirus/](https://www.cdc.gov/coronavirus/) and <https://www.dshs.state.tx.us/coronavirus/> for more information. Local updates, as needed, will be posted at [houstonemergency.org](https://www.houstonemergency.org). HFD will continue to update procedures as needed.

Please contact Infection Control at 832-394-6846 with any questions. Exposures or afterhours concerns should be directed to the 24-hour exposure line at 346-291-4964.



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