



# SENECA COUNTY

## Emergency Services



### Seneca County Emergency Services COVID-19 General Guidelines for Personal Protective Equipment Conservation

This guideline is recommended for all Fire, EMS, Law Enforcement personnel.

The following are general guidelines for the safe conservation of PPE during the response to a potential COVID-19 patient.

CDC recommends respiratory protection with droplet protection (N95 + Eye Shields) in all patients with CONFIRMED COVID-19 or any patient that is categorized as a "Person Under Investigation" (PUI) with symptoms.

If you are dispatched to a KNOWN COVID-19 Patient or a PUI

**Limit and Minimize the number of Responders in close proximity to the patient.**

Close proximity is defined as within 6 feet of the patient exhibiting symptoms.

Symptoms of COVID-19 are very similar to the flu, but are defined as Cough with Difficulty breathing, Fever above 100.4, sore throat, runny nose, etc.

Placing a N95 or a simple surgical Mask on the patient will protect everyone in close proximity from droplets, mucus, and aerosolized saliva. If the patient can tolerate a mask (even short term) this is the easiest way to limit exposure for all responders. Remember that you can put a nasal canula on the patient UNDER the mask if the patient requires oxygen. A Non-Rebreathing Oxygen mask also provides some protection – but any responder in close proximity of the patient should also wear respiratory protection due to the vents on the sides of the NRB mask.

We should use good judgement when committing personnel inside a residence or vehicle that would put personnel in close proximity of the patient.

Limit the number of personnel to no more than necessary to take proper care of the patient.

No more than 2 personnel should be in close proximity to the patient at any time unless the patient is in extremis (cardiac arrest, major trauma).

Law Enforcement Officers, and Firefighter/EMRs should make every effort to not get in close proximity of the patient unless critically necessary.

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### **Lifting and Moving Patients**

If it requires more than 2 personnel to move the patient to the ambulance, i.e. downstairs, upstairs, etc... Place a mask on the patient during the move. Even if you have to remove the mask as soon as you get them moved, it will protect the responders during the move.

### **Transporting Patients & OnGoing Treatments**

During transport we should limit the number of EMS personnel in the rear of the squad. If the patient is a normal transport without major problems that require intervention, maintain as much distance as possible, stay behind the patient if possible. Stay out of the line of fire for coughs, spit, aerosolized breath, or any other contamination as much as possible. Wear an N95 if you're in the back with the patient.

N95 masks and eye shields are your best protection.

If a patient needs a breathing treatment, be sure that all personnel in the patient compartment are wearing an N95 and Eye Protection. Avoid the aerosol mist and sit behind the patient if possible, and turn on the exhaust fan and ensure the driver has both front windows down about 2" during transport to promote ventilation towards the rear of the squad and out the ventilation system.

Patients that are being ventilated or intubated – all personnel in the patient compartment should wear N95s and eye protection.

### **Respirator Reuse Recommendations**

Personnel N95 Masks can be reused if they are not grossly contaminated, soiled and meet the following criteria. We will NEVER re-use an N95 masks on patients.

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients), when feasible to reduce surface contamination of the respirator.

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- Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- Secondary exposures can occur from respirator reuse if respirators are shared among users and at least one of the users is infectious (symptomatic or asymptomatic). Thus, N95 respirators must only be used by a single wearer. To prevent inadvertent sharing of respirators, ensure that you keep your N95 with you, or write your name on it.
- The reason for this is that we simply MUST conserve the masks we have on hand because we do not know when we will be getting more.
- These guidelines are available for full review on the CDC.gov website

### Bottom Line:

All personnel that respond to Emergency Incidents should have an N95 mask available and wear it any time you feel the need to protect yourself. However, you should be prepared to reuse the mask until contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

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