Eastern Division
Frequently Asked Questions (FAQ's)
Second Revision
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Guidance on Patrol Room protocols: Are masks necessary?
Yes, to limit the spread of the COVID-19 virus.

Why wearing a face mask is essential:
"When we sneeze, cough, talk, or even just breathe, we all emit small particles to the air—and those particles can contain the virus that causes COVID-19," explains Kirsten Koehler, an occupational and public health expert who is an associate professor in environmental health and engineering at Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. "Face masks can reduce the spread of these particles, which is especially important because some people are infected but have no symptoms. It can also reduce the number of the particles that you breathe." According to Koehler, a tightly woven fabric that fits snugly around the face will provide the best particle-removal efficiency. "If it's too loose, all the air will go around the sides of the mask and none of the particles will be removed that way," she says. During summer, when exhaled breath is especially humid, it is important to note that cloth masks run the risk of becoming damp with wear, and you may want to bring an extra mask with you. Additionally, it's essential to wash your hands after handling or touching a used face covering.

Why you need to wash a face mask by hand after each use:
Reusable cloth face masks should be cleaned and disinfected after each use, says Koehler. While washing is the ideal, if you can't do so after every wear, you can place the mask in a paper bag (not plastic!) and keep it in a warm place, like near a window. "Wait at least two days before wearing the mask again," explains Koehler. "This will allow the mask to dry completely and for the virus to become inactive." It is essential that you are not walking around with a dirty mask as it could potentially contain respiratory droplets that evaporate into lingering particles, which could potentially expose those in close proximity to you. According to Koehler, you can include your face covering as part of your regular laundry with a gentle detergent and the warmest appropriate water setting for the fabric of your cloth mask. If you are washing a cloth mask by hand, keep the CDC recommended hand washing technique in mind. "Give it a good scrub for at least 20 seconds with soap and warm water," instructs Koehler. "Then be sure to rinse it thoroughly and let it dry completely in a warm place before reuse."

Do we always need to be 6 feet apart from others in the Patrol room?
If the protocol moving forward is to wear a mask, this should also apply to the rescue personnel when in the patrol room, as well as following the 6- foot rule in the patrol room if not wearing a mask.

The use of masks in and of themselves is not the complete solution, social distancing allows airborne droplets to have a chance to drop. So, when possible, creating that space decreases the risk of airborne cross contamination.

What role should management play in the COVID-19 issue?
Engage your Management early, prior to the season, to set ground rules and define protocols.

Review with Management: NSAA - Intro to Playbook. "Engaging our clients in a shared responsibility with our clients."

What should you do if a Patient refuses to wear a mask? Does this constitute a refusal of aid?
Some scenarios may contraindicate the use of a mask i.e. vomiting, Back/neck injury, shortness of breath, severe facial trauma, fear of having something on one's face, etc. The patient may refuse one. The assessment/surveys will help define the need to place a mask on the patient or treat them without one if necessary. In all cases, the OEC technicians should utilize PPE's on themselves. If the patient refuses or the scenario does not permit a mask on the patient's face, document the patient's refusal/inability to wear a mask. Overall it is not an automatic refusal of aid but a determination to be considered. While the risk of COVID is real, it should not preclude our rendering care.

Should our treatment of a patient using CPR be modified because of COVID-19?
When performing CPR, follow the protocols established by the AHA/Red Cross as modified by your medical director and management. It is recommended that you consider establishing an airway and performing chest compressions without the use of ventilation using a BVM which may spread the virus. A non-rebreather oxygen mask with high flow oxygen and a surgical mask placed over it may be used to provide the needed oxygen during chest compressions. Immediate use of an AED is critical.

Is it appropriate to question patients on COVID-19 issues when we assess patients outside of the aid room?
Yes, verbal assessment/surveys are integral to all patient care. Information on COVID-19 issues is valuable to enhance everyone's safety and is properly done at the initial contact.

What should you do about sanitizing yourself and your gear after interacting with a potential COVID-19-infected patient?

Uniforms - Outerwear (Jackets, Pants, Helmet) - Wash and clean per recommended guidelines - with a disinfectant. Consider having an additional set of gear available.
Ensure that all personnel know and follow proper Donning and Doffing procedures.
Equipment - (e.g. backboard, spider straps, O2, pulse-ox sensor): Any gear used in treatment should be disinfected or properly disposed of.

After interaction with a CONFIRMED COVID-19 patient, is the patroller done for that shift?
Maybe YES, Maybe NO! - This would be determined by the circumstances of the encounter. How certain are you that you were or were not exposed during the event? Please review your area's policies. It is better to over-protect than under-protect yourself and those around you. Disinfect all gear and equipment - restock supplies and check with your team to confirm that they have completed the same.

Website links for additional resources.

What is CoVid-19?

https://jamanetwork.com/journals/jama/fullarticle/2768390?utm_source=undefined&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=071120#.XwneuFaRErI.email

Masks, Respirators, Face covering

During the peak of the pandemic, some of the mask companies were instructed to label their masks as "not for use in medical institutions" as a way to avoid being held up by Chinese customs. During that time many mask manufacturers were waiting for the US FDA "EUA" (emergency use authorization). These masks meet the Level 1 ASTM and are the standard mask standard procedure masks. Here are the specs for a Level 1:

ASTM Level 1 characteristics

Characteristic	Level 1
Bacterial filtration efficiency	≥95%
Sub-micron particulates filtration efficient at 0.1 micron	≥95%
Differential pressure, mm H20/cm2 (Breathability)	<4.0
Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass resuls	80 mm Hg
Flame spread	Class 1

https://www.3m.com/3M/en_US/company-us/all-3m-products/?N=5002385+8707795+8707798+8710839+8711017+8711100+3294857497

https://www.3m.com/3M/en_US/worker-health-safety-us/covid19/

https://www.3m.com/3M/en_US/safety-centers-of-expertise-us/respiratory-protection/#RespiratorSelection

Room Ventilation

https://www.ashrae.org/technical-resources/resources

CDC Guidelines and resources.

Understanding the use of resspirators/Using Personal Protective Equipment (PPE)
https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

How to wear cloth face coverings
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html

Guidance for Cleaning and Disinfecting
https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf

Understanding the use of Non-NIOSH-approved respirators
https://blogs.cdc.gov/niosh-science-blog/2020/04/23/imported-re

Coronavirus Disease 2019 (COVID-19) - Printable Resources
https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc&Page=2

Hand sanitizer no go list.
https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-consumers-should-not-use