

COVID-19: Guidance for Best Practices for First Responders - Police and Fire

This document has been updated from the April 20, 2020 version. The following changes have been made:

- Updated list of symptoms

The Public Health Agency of Canada is continually monitoring the situation regarding COVID-19. There is an increased risk of more severe outcomes for Canadians who are aged 65 and over, with compromised immune systems, with underlying medical conditions. As the situation evolves it is important to be aware of the most current information at www.gnb.ca/coronavirus

Person-to-person transmission is mostly via infectious respiratory droplets.

Appropriate infection prevention and control measures, i.e. routine plus contact and droplet precautions, should be implemented to prevent transmission of the virus. The virus can enter a person's body by touching a surface or an object contaminated with the virus and then proceeding to touching one's eyes, nose and mouth.

If a call is received in which coronavirus is suspected because the person reports,

- any two of the following; new onset/exacerbation of chronic cough, fever or signs of fever, sore throat, runny nose, new onset of fatigue, new onset of muscle pain, diarrhea, loss of taste or smell, and
- travel outside of New Brunswick in the 14 days before the onset of illness, or
- close contact with a confirmed or probable case of COVID-19 or close contact with a person with acute respiratory illness who has travelled outside New Brunswick in the 14 days before their symptom onset,

the following routine precautions plus droplet and contact precautions should be adhered to by the first responder:

- Limit the number of First Responders attending to a person who is suspected to have COVID-19.
- Avoid transporting these individuals in your vehicles, wait for an ambulance to transport.
- Provide a medical/procedure/cloth mask to the patient if they can tolerate it and encourage respiratory etiquette, i.e. coughing/sneezing into elbow or tissue.
- First responder should don a medical/procedure mask, medical disposable gloves and safety glasses for eye protection when within two meters of the patient and perform hand hygiene with an alcohol-based hand sanitizer, after contact.
- Masks should not be touched or handled during use. If the mask gets wet or dirty with patient secretions, it should be changed immediately. After discarding the mask, hand hygiene with an alcohol-based hand sanitizer, should be performed.

- If direct contact with body fluids, particularly oral, and respiratory secretions is required, don a gown as well as medical disposable gloves, medical/procedure mask and safety glasses for eye protection. This same PPE should be used when handling stool, urine, waste, and deceased bodies. Perform hand hygiene with an alcohol-based hand sanitizer following all contact.
- Alcohol-based hand sanitizer should contain a minimum **concentration of 70% alcohol** or greater.
- Anyone who is at higher risk of developing complications from infection should avoid caring for or come in close contact with the patient. This includes people with underlying chronic or immunocompromising conditions
- If aerosol-generating medical procedures that can generate aerosols because of artificial manipulation of a person's airway, (i.e. intubation and related procedures, nebulizing therapy, manual ventilation, open endotracheal suctioning) are needed, an N95 respirator and safety glasses should be used.
- After use, all PPE should be disposed of in a sealed bag.
- After use, medical equipment should be cleaned, disinfected or sterilized in accordance with organizational procedures and manufactures instructions. It is recommended to use environmental disinfecting products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide, which are sufficient for COVID-19. All surfaces, especially those that are horizontal and frequently touched, should be cleaned and disinfected at least twice daily and when soiled.
- **It is extremely important that the receiving facility is notified prior to arrival of a possible COVID-19 patient. Infection prevention and control instructions from the receiving facility regarding arrival and transfer of the patient should be followed.**
- If in contact with a patient suspected of coronavirus, first responders should monitor themselves for any signs of illness for 14 days from last close contact and if symptoms occur self-isolate and contact 811 for further instructions.
- **It is important to note that if the suspected case tests positive for COVID-19, all those people who were in contact with that case will be followed up by public health as part of control measures to contain the spread.**

References: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/healthprofessionals.html#i>