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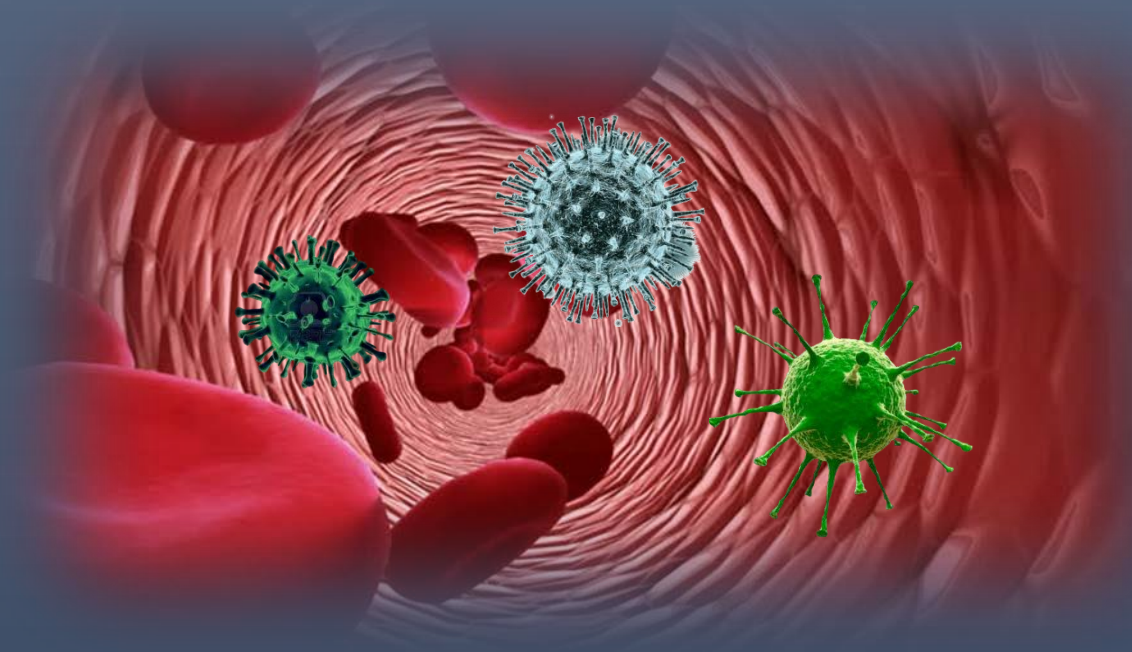

ALASKA FIRE MEDIC PROGRAM

COVID-19 Guide

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ALASKA INTERAGENCY WILDLAND FIRE MEDIC PROGRAM

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PURPOSE

This document provides Fire Medic guidelines for the evaluation and treatment of suspected COVID-19 patients. It also provides general guidelines for the establishment and management of incident medical units. Other incident personnel may find the enclosed information helpful in accomplishing their individual tasks

INTRODUCTION

This document outlines the directives, expectations, and response objectives for Alaska Interagency Wildland Fire Medics who interact with patients during the COVID-19 pandemic. This document is to help identify risk factors and safety concerns, it is not an exhaustive list but will help with planning, preparation, and implementation of treatment guidelines.

This document will be updated regularly with the most current information available.

COVID-19 PROCEDURE

BEST PRACTICES

Collecting information allows us to be proactive considering the rising number of cases and to take rational actions to deal with a surge in resource needs. Regular sharing of information with incident personnel helps everyone to feel like part of the effort and leads to a sense of community. Knowing and discussing agency specific policies/procedures for the ill or injured during incidents may prevent a delay in treatment and transport.

Prior to mobilization:

- **Identify** COVID-19 hotspots, local testing sites, alternate care facilities and local Emergency Operations Center (EOC) contacts.
- **Verify** that personnel tracking is ongoing, tracking number, type of exposure(s), trends, and identify mitigation strategies.
- **Establish PPE conservation** by paying attention to PPE and equipment burn (usage) rates, make sure to order PPE supplies early if needed.
- **Isolate and Quarantine** by implementing isolation plans and establishing a potential quarantine location for sheltering in place, awaiting transportation, orders for incident personnel that become ill.

Helpful Links:

Burn Rate PPE calculator:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

State of Alaska Coronavirus Response Updates:
https://coronavirus-response-alaska-dhss.hub.arcgis.com/

Testing Sites in Alaska:
https://coronavirus-response-alaska-dhss.hub.arcgis.com/app/2d92b77bc8044329a1ee3954b063bd8c

AK DOF Handbook:
http://forestry.alaska.gov/covid

Glossary

Asymptomatic: Lacking symptoms. We know from recent studies that a significant portion of individuals with coronavirus do not have symptoms and that even those who eventually develop symptoms can transmit the virus to others before showing symptoms.

Close Contact: Being within approximately 6 feet (2 meters) of an individual for a prolonged period or having direct contact with infectious secretions from an individual (e.g., around someone who is sneezing or coughing)

Coronavirus: A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19.

COVID-19: The name of the disease caused by the novel coronavirus, SARS-CoV-2. "CO" stands for corona, "VI" for virus, and "D" for disease.

Exposure: Contact with someone infected with the coronavirus responsible for COVID-19 constitutes an exposure.

Incubation period: The length of time between when an infection begins and when there are apparent signs of the disease. Most indications give the coronavirus an incubation period of 2-14 days with symptoms most commonly showing at about 5 days after infection.

Isolation: Separating sick people with a contagious disease from those who are not sick.

Mask: A loose-fitting covering to include cloth, surgical/procedure, dust filter, and disposable mask that creates a physical barrier between the wearer and the immediate environment. Masks do not seal tightly to the wearer's face or require fit testing but do provide the wearer with a level of protection from inhaling smaller particles, to slow the spread of the virus. These masks are not suitable for close contact with a known or suspected COVID-19 infection.

Mitigation: Taking actions to reduce the rate of increase in the number of cases.

N95 respirator: Designed to provide a close facial fit with efficient filtration of airborne particles. The N95 designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. If properly fitted, the filtration capabilities of N95 respirators exceed those of face masks. Currently, the Centers for Disease Control and Prevention (CDC) does not recommend that the public wear N95 respirators to protect themselves from respiratory diseases, including coronavirus (COVID-19).

N95s should be reserved for health care workers and other medical first responders.

Positive screening: Defined as a person with indications of illness based on CDC recommended screening criteria.

Positive test results: Positive determination of COVID-19 infection **from a laboratory test**. Also referred to as a confirmed COVID-19 infection.

Public Health Mandates: Legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting public health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine, or conditional release. COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295 as amended by Executive Order 13375 and 13674 is a federally quarantinable communicable disease.

Quarantine: In contrast to isolation, separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Quarantine can be voluntary or mandated.

SARS-CoV-2: The name of the novel coronavirus that causes COVID-19 disease.

Self-monitoring: People checking themselves daily for fever by taking their temperatures and remaining alert for cough, difficulty breathing, and/or other new onset of symptoms.

Social distancing: Measures taken to keep physical space between one or more individuals outside of homes, businesses, and other buildings with a goal to stop or slow the spread of a contagious disease.
Measures can include:

- Not gathering in groups and staying out of crowded places
- Working from home, closing offices and schools
- Canceling events, avoiding public transportation
- Staying at least 6 feet (2 meters) from other people

Patient Confidentiality

Ryan White HIV/AIDS Treatment Extensions Act (2009) has been expanded to include COVID-19. The Act (Part G) provides Emergency Response Employees (EREs) with notification [normally a violation of Protected Health Information (PHI) in the Health Insurance Portability and Accountability Act (HIPAA)] when they are at risk of exposure to potentially life-threatening infectious diseases through contact with victims during emergencies. This information allows EREs the opportunity to seek timely medical care, and to make informed decisions about addressing potential health issues arising from their exposures. Personnel may be unaware of this provision and reluctant to provide information due to HIPAA regulations.

COVID-19 SCREENING TOOL FOR ALL INCIDENT PERSONNEL

Best practices: All incident personnel should undergo a screening process daily to check their health. Personnel should perform their health screening at the start of their shift. The results should be recorded, and abnormal findings reported. Anyone who develops symptoms during their shift should report these to their supervisor immediately.

Items Include

- Name/Date/Time
- Temperature - Measured fever of 38°C/100.4°F or greater
- Respiratory - New onset of difficulty breathing, shortness of breath or cough
- Other Symptoms - Cold/flu symptoms, fatigue, chills, muscle/joint aches, headache, nausea, vomiting, diarrhea, loss of appetite, new loss or abnormal sense of taste or smell, new onset rash, and/or bilateral conjunctivitis

Recommended Process for Screening Incident Personnel

- **ICP** - Have a single-entry to your Incident Command Post (ICP), marked with appropriate signage. Set up screening locations at the entrance of ICP.
- **Spike or Remote Camps** - Set up screening locations in designated areas that will allow access to all personnel. Identify one or more locations to streamline the process.

Staffing of Screening Locations

Personnel staffing these locations should be trained in the following:

- Operation of thermometers
- Asking screening questions
- Completing documentation
- Disinfection of equipment/area

Medical personnel would be helpful at these screening locations but are not required.
Using only medical personnel could add to critical shortages for incident medical response.

Screening Procedures

Temperature/Symptom screening:

- Use an oral or infrared thermometer and decontaminate after each use using alcohol wipes or standard disinfectant.
- Fever is defined as 38°C/100.4°F (or higher).
- Complete screening questions for symptoms – Screening Tool (Appendix A).
- Complete documentation for each employee and maintain compliance with HIPAA.

Screening Results

Negative Screening

- If patient screens **negative** for exposure or symptoms, continue to assess, treat, and/or transport per standard FMP medical protocols.

Positive Screening

- If patient screens **positive** for exposure or symptoms, follow current FMP treatment protocol, and notify appropriate incident personnel.
- Isolate the patient, contact local public health authority, and if possible, work with management to start contact tracing.
- Contact the local clinic/hospital or facility and obtain admission instructions for reception of patient for further treatment/testing.
- Follow COVID-19 Transport Protocols.
- If a potential for delay in care occurs, contact the Field Medic Assist number.

Confirmed Exposure

- Person Under Investigation (PUI) should be isolated from the rest of incident personnel and contact tracing records forwarded to Medical Unit Leader (MEDL) and Safety Officer (SOFR).
- The PUI should anticipate being isolated from others and sent for testing.

COVID-19 SCREENING TOOL FOR ALL PATIENTS

Patient screening provides a critical role in determining the risk of exposure for all personnel involved in patient care. This is not in place of daily personnel screening; patient screening is reserved for patient contacts due to complaints of injury and/or illness.

Ask the patient to wear a mask prior to contact.

Key Categories for all Patients

- **Travel History:** Have they travelled in the last 14 days? Where has the patient or their crew/team members travelled? Was the location high-risk or designated as a hotspot for COVID-19 infections by a state DHSS?
- **Patient Signs/Symptoms (S/S):** Does the patient have any new onset respiratory symptoms, shortness of breath or difficulty breathing, fever, chills, cough, cold/flu symptoms, diarrhea, loss of appetite, abnormal sense of taste/smell, fatigue, headache, muscle/joint aches, nausea, sudden onset rash, or bilateral conjunctivitis?

Screening

Set up a screening location at the entrance of the medical unit. Use the Screening Tool or a dedicated medical phone line for pre-screening before arrival at the screening location.

Negative Screening

- If patient screens **negative** for exposure or symptoms, continue to assess, treat, and transport per FMP protocols.

Positive Screening

- If patient screens **positive** for exposure or symptoms, notify appropriate incident personnel, and follow current FMP treatment protocol.
- Treat patient complaint.
- Isolate the person from others, contact MEDL and work with management to start contact tracing.
- Limit contact with PUI and other incident personnel.
- Contact the local clinic/hospital or facility and obtain instructions to receive the patient for further treatment/testing amidst COVID-19 pandemic.
- Follow COVID-19 Patient Transport Protocol.
- If a potential for delay in care occurs contact the Field Medic Assist number.
- If patient requires urgent treatment/medevac, follow the process pre-established by the incident.
- If patient returns from testing, isolate, and provide with separate sleeping, dining, bathroom facilities, and check on them frequently.

TESTING GUIDELINES

Key Points

- Testing for COVID-19 will be done per state guidelines, and every clinic/area/testing site will have varying screening requirements.
- Anyone who screens positive, who is being tested, should be instructed to act as if they have COVID-19 until the results come back.
- Identify local resources and determine which entity is most suitable for incident needs. Access requirements may vary.

- Other considerations: what is the admission process, how many people can be tested per hour/day, and what are the hours of operation?

Testing Criteria per Alaska DHSS

- Test anyone who is experiencing symptoms of COVID-19 to include any of the following: fever, cough, shortness of breath, difficulty breathing, chills, decreased appetite, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea, rash, rigors, runny nose, sore throat, or sputum production.
- Have a low threshold to test any patient with new, unexplained symptoms that may be clinically compatible with COVID-19.
- Asymptomatic testing may be needed, per local public health recommendations (patient from congregate living setting or remote community).

Guidance on Serologic/Antibody Testing

- Serological tests should not be used as an alternative to molecular detection tests for the diagnosis of COVID-19 in symptomatic patients.
- Interpreting positive serologic test results can be particularly difficult in persons who did not have a prior clinically compatible illness and a positive RT-PCR test for COVID-19.
- When the prevalence of infection is <5%, a test with a specificity between 96%-98% will be more likely to give a false positive than a true positive result.
  (The prevalence of prior COVID-19 infection is likely <1% in the general Alaska population at this point.)
- Cross-reactivity with other common coronaviruses may also lead to false-positive serologic test results.
- Even if a person does have antibodies to COVID-19, whether these antibodies confer immunity is unknown. Therefore, it is recommended that antibody tests not be used to make decisions about whether personal protective equipment is needed.

Note: Because the sensitivity of all COVID-19 tests is <100%, a negative test result does not rule out infection. This is a particularly important point to consider when caring for patients with a clinically compatible illness and known contact to a confirmed case.

Testing Results

Negative Result

- If patient tests negative for COVID-19 but still has symptoms, plan for patient to safely self-isolate until improvement and return to work criteria are met.

Positive Result

- Advise management of the need for patient transport off the incident maintaining patient confidentiality/HIPAA compliance. Initiate contact tracing.
- Contact public health authority for further guidance if not performed by testing facility.
- If the patient remains at the incident awaiting travel, they should be isolated and wearing a mask, checked on frequently and supportive care provided for any symptoms.
- The patient should be provided with separate sleeping, dining, and bathroom facilities.
- Limit contact between patient and other incident personnel.
- Follow COVID-19 Transport Protocols.
- Decontaminate equipment, including vehicles used by infected individuals.

Helpful Links:

CDC Testing Criteria:

http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20200408_COVID_Testing.pdf

PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR PATIENT CONTACT

PPE is essential to safely conduct patient care but more importantly donning and doffing requires consistent and disciplined practice to minimize the potential for exposure and contamination. According to CDC risk stratification when EMS providers don all appropriate PPE, they have a lower risk for contracting the virus.

We can classify patients into three risk categories to establish PPE protocols for appropriate donning of PPE and therefore help lower patient and provider risk as well as conserve PPE consumption rates.

HIGH/MEDIUM/LOW RISK PATIENT CLASSIFICATION

Risk Level:	Patient Criteria:
HIGH	Exposure: Has the patient had any of the following in the last 14 days before symptom onset: • Close contact with a COVID-19 illness cluster in a facility or group • Close contact with a suspected or lab-confirmed COVID-19 case Healthcare worker or in a high-risk occupation such as: EMS, firefighter, public safety
	Any person, who has a history of travel from an affected geographic area within 14 days of their symptom onset
	Any adult patient with a fever (100.4F) should be managed as if they are a potential COVID-19 positive patient
	Any new symptom onset consistent with COVID-19
	If an Aerosolized Procedure (i.e. CPR, BVM, CPAP, intubation, suctioning, high flow oxygen via NRM, nebulizer) is being performed
	Any symptoms consistent with COVID-19: • New shortness of breath (without alternative diagnosis), muscle/joint aches, cough, fever/chills
MEDIUM	All medical/trauma emergencies with no aerosolizing procedures needed
	Chronic respiratory illness Including asthma, allergies, COPD, or heart failure Chronic Symptoms of cough, runny nose, sore throat due to dehydration, heat illness, exertion, or smoke inhalation
LOW	General visit to the medical unit for un-related COVID-19 symptoms, ex: crew re-supply, blister care, etc.

Personal Protective Standards

High Risk Patient: Full PPE (N-95 Masks, Eye Protection, Gloves, Gown)
Medium Risk Patient: Partial PPE (Mask, Eye Protection, Gloves)
Low Risk Patient: Basic PPE (Mask, Gloves)

HIGH / MEDIUM / LOW RISK PPE TABLE

PPE	LOW/MEDIUM RISK PATIENTS	HIGH RISK PATIENTS
	YES[1]	YES
	NO[2]	YES
	NO[3]	YES
	YES[4] RESCUER/PATIENT	YES PATIENT
	YES[5]	YES

[1] Gloves should be disposed of and changed after each patient contact; re-use is not recommended.
[2] A gown should be utilized anytime there is a risk of splash of any bodily fluids, or during aerosolized procedures.
[3] An N95 will be used anytime there is a risk for aerosolized pathogen exposure and/or any airway management procedures are being conducted (i.e. BVM, suctioning, nebulizer treatments and intubation).
[4] A surgical/cloth mask is sufficient when there is no risk for aerosol exposure and/or not conducting any airway maintenance/management procedure.
[5] Eye protection should be worn if there is a risk of splash of any bodily fluids or when performing aerosolizing procedures.

DONNING/DOFFING

Mask, Eye Protection, Gown, Gloves (useful acronym MEGG) for donning PPE

- Wash hands with soap and water or alcohol-based hand sanitizer (20 seconds)
- N95 **M**ask
- Protective **E**yewear (wrap around) to include splash shield during aerosolizing procedures
- Disposable **G**own (if no gown available, make sure to change clothing after patient contact)
- Disposable **G**loves
- Wash hands with soap and water or alcohol-based hand sanitizer (20 seconds)

Gloves, Gown, Eye Protection, Mask (useful acronym GGEM) for doffing PPE

- Wash hands with soap and water or alcohol-based hand sanitizer (20 seconds)
- Remove **G**loves (can be done in conjunction with gown)
- Remove **G**own (can be done in conjunction with gloves)
- Wash hands with soap and water or alcohol-based hand sanitizer (20 seconds)
- Remove **E**ye protection (can be set aside, cleaned and re-used later)
- After all disposable PPE has been placed in trash (or a biohazard bag if saturated/grossly contaminated), carefully remove **M**ask
- Wash hands with soap and water or sanitizer (20 seconds), air dry hands
- Put on new gloves to decontaminate your equipment

It is recommended to have another person spot you while donning/doffing PPE to be sure nothing is missed.

Donning/Doffing Areas

Donning

- Establish an area that PPE will be readily available for donning purposes in ICP/remote camps.
- Fireline medics should ensure that PPE is secured to avoid damage and is easily accessible.

Doffing

- **Outdoor:** Doff contaminated PPE in appropriate trash containers and re-useable PPE into decontamination bins. Maintain a minimum 6-foot distance from patient.
- **Tent/Building:** Doff all PPE and dispose in appropriate trash containers, leave your mask on, and doff once outside of the patient room/treatment area. Maintain 6-foot distance from the patient.
- PPE does **NOT** need to be discarded in biohazard bags unless grossly contaminated.
- The mask can be re-used if there is no possibility of droplet contamination; make sure to do appropriate hand hygiene after doffing.
- Take contaminated items to pre-identified area to appropriately decontaminate.

PPE RE-USE GUIDELINES

The limited supply of PPE necessitates conservation and re-use but dispose of any potentially contaminated PPE immediately.

Reusable PPE During the National Shortage

- N95 respirators
- Surgical/procedure masks
- Cloth masks
- Eye protection

Perform daily inspection of PPE and determine the serviceability, when in doubt do not re-use. Ensure that proper fitting/clean PPE is always available to use. Do not disinfect N95 respirators or surgical/procedure masks with any aerosol disinfecting sprays, heating, or washing, this will destroy the integrity of the material and render the mask unserviceable.

Inspection, Fit, and Function

N95 Respirators

- There should be no discoloration of the mask.
- Ensure head straps hold the N95 mask tight against the face with good seal.
- The metal nose clip should fit tight against the nose.
- If the mask is more difficult to breathe through discard.

Surgical/Procedure Masks

- There should be no discoloration of the mask.
- Make sure elastic is not worn out and fits tight against the nose.
- If the mask is more difficult to breathe through, discard immediately.

Cloth Masks

- Make sure ties or elastic are not worn out and mask fits snugly against face.
- If wire is present, ensure it conforms to the nose.
- Wash mask daily in appropriate cleaning solution and hang dry.
- If soiled during patient contact and treatment, don a new mask; wash the soiled mask for reuse.
- If the mask is more difficult to breathe through, wash immediately.

If the mask is unraveling or very thin from the frequent washing dispose and replace.

Storage and Maintenance of Respirators/Masks/Eye Protection

Storage and Re-Use of N95 Respirators, Surgical/Procedure Masks

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator.
- After proper handwashing/sanitizing obtain a clean breathable container (paper bag), label bag with name, track number of times used, discard after 5 uses. If hanging on a clip, label near where the mask will be hung.
- Avoid touching the inside of the respirator.
- Apply clean gloves, don the mask appropriately.
- Doff gloves and perform hand hygiene.

When to Discard N95 Respirators

- Following use during aerosol generating procedures
- Contaminated with blood, respiratory or nasal secretions, or other bodily fluids
- Difficult to breathe through
- Integrity of the mask is no longer intact and does not fit or form an appropriate seal.
- After 5 uses

Storage and Re-Use of Cloth Masks

- Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator.
- Keep in a clean breathable container or hang on clips and label with the user's name.
- Only touch ties or loops when donning/doffing.
- Wash daily per laundering instructions:
  - Washing by hand – use soap/detergent and water, agitate vigorously, hang dry.
  - Machine – wash and dry on delicate setting.
  - Saturate with 2% bleach and water solution (1 teaspoon bleach per 1 cup of water or 4 teaspoons bleach per 1 quart of water), hang to dry.

Storage and Re-Use of Eye Protection

- Make sure to don appropriate PPE before decontaminating equipment.
- Set up disinfecting bins that can store used PPE until it can be cleaned, e.g., plastic tubs or buckets.
- Eye protection should be removed by handling only the portion of this equipment that secures the device to the head, as this area is relatively clean.
- The front and sides of this equipment should not be touched, as these are the surfaces most likely to become contaminated by sprays, splashes, or droplets.
- Make a soap and water solution to wash off gross contaminants and then use an EPA approved disinfectant spray, solution, or wipe to clean.

- Thoroughly rinse with water and air dry/wipe with paper towel.
- Sanitize hands.

PPE TRAINING / FIT TESTING

Donning/Doffing training should occur as much as needed to provide safe practices for use and re-use of PPE.

N95 Respirators Use/Testing

N95 respirator use is recommended for medical personnel directly involved in patient care. Fit testing needs to occur for every type of N95 respirator mask. Mandatory N95 respirator use requires that personnel be fit-tested to comply with State of Alaska regulations. A waiver is in place for annual fit testing through NIOSH and the CDC if an initial fit test was performed and documented. Before initial fit testing be sure to complete the Medical Questionnaire, signed by a Medical Director. According to NIOSH standards you are not allowed to have a beard, and all personnel required to wear N95 respirators must shave frequently to ensure a good seal.

Counterfeit N95 Respirators

N95 rating means that the mask is not oil resistant but filters 95% of particles, other approved masks include R/P and KN ratings. Check to make sure you do not acquire fake N95 masks by following the helpful link below.

Approved N95 Requirements

- Name of approval, manufacturer, and registered trademark
- NIOSH Logo/Block letter, check spelling (some counterfeit masks labeled: NISH)
- Testing and certification # (TCH)
- Filter and efficiency designation (N/R/P – 95,99,100)
- Model #
- All N95 must have a required lot number on packaging
- No N95 mask should have ear loops, only headbands.

Helpful Links/Forms:

Donning/Doffing - See Appendix G
CDC - PPE extended use guidelines:
https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
PPE training video:
https://youtu.be/Q4ZYJe2WolQ
Counterfeit masks:
https://www.iaff.org/wp-content/uploads/COVID-19-Counterfeit-Masks-2.pdf

DECONTAMINATION PROCEDURES

Routine cleaning with soap and water to remove dirt and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of Covid-19 virus. Reducing the number of virus particles on a surface through these steps can reduce the chances of spreading the virus. Viruses are susceptible to inactivation by several chemical disinfectants readily available from consumer and commercial sources

Proper PPE: When cleaning and disinfecting wear, at a minimum, mask, eye protection, and gloves. A gown is advised if using high pressure sprays or where there is a potential for splashing.

Cleaning: Refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting: Refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Sanitizing: Refers to using a mechanical process to reduce germs on surfaces.

Products: Use EPA-approved disinfectants. Refer to the list of approved disinfectants on the EPA website that have been qualified under the emerging viral pathogens program for use against COVID-19. Products issued by FMP meet EPA qualifications.

Use: Follow instructions on the cleaning product paying attention to dwell times and making sure the product is used appropriately. Bleach requires a 1-minute dwell time (must stay wet on surface for 1 minute), 409® has a dwell time of 10 minutes. Do not mix cleaning products as this can result in serious health hazards.

Decontamination

Medical Equipment and Surfaces

- Always wear mask, eye protection, and gloves while cleaning/disinfecting.
- Follow manufacturer instructions for application and proper ventilation.
- If surfaces are dirty, they should be cleaned first using soap and water prior to disinfection.
- For disinfecting, diluted bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered and labeled household disinfectants approved against emerging viral pathogens, or at a minimum the human coronavirus.
- Diluted bleach in water solutions can be used if appropriate for surfaces.
    - Check to ensure the product is not past its expiration date.
    - Never mix household bleach with ammonia or any other cleanser.

- Prepare a bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons bleach per quart of water.
- Label any container used for diluted bleach solution as “Bleach - Do Not Mix with Other Chemicals.”
- Apply to surfaces and allow to sit for at least 1 minutes.
- Then wipe the surface with a paper towel and do a final wipe with a soap and water moistened towel. Leave no standing water.
- Used paper towels and gloves can be placed in the standard trash receptacles and do not need to fill the biohazard receptacles.
- Lysol® and Clorox® disinfecting wipes may be used (FMP products meet EPA qualifications).

The table below lists some of the brands available for use. Follow manufacturer guidelines.

Clorox® 4-in-1 Disinfectant Spray	Oxycide Daily Disinfectant and Glass Cleaner
Clorox® Disinfecting Bathroom Cleaner	CaviCide solution/sprays
Clorox® Multi-Surface Cleaner + Bleach	Peroxide Multi Surface Cleaner and Disinfectant
Clorox® Commercial Solutions	Peroxide Disinfectant and Glass Cleaner
Clorox® Disinfecting Wipes	Purell® Multi-Surface Disinfectant
Klercide™ 70/30	Purell® Professional Surface Disinfectant Wipes
Lysol® Brand Bleach Multi-Purpose Cleaner	Sani-Prime® Germicidal Disposable Wipe
Lysol® Disinfectant Spray	Sani-Prime® Germicidal Spray

Anchorage Fire Department Infographic on Mixing Chemicals

Medical Unit

Post Event (immediately after contact with patient):

- If low danger of aerosolization, decontaminate room or area/equipment as needed (utilizing PPE and approved disinfectant).
- If high danger of aerosolization, wait 30 minutes after the patient exits the room/treatment area, to allow possible aerosolized particles to decrease before decontamination procedures.
- Decontaminate all exposed equipment including walls, floors, cabinets, equipment, etc.

Patient Transport Vehicles

The following interim general guidelines have been published by the CDC for decontaminating patient transport vehicles used to transport suspected/confirmed COVID-19 patients. Routine cleaning methods should be employed throughout the vehicle with special attention in certain areas as specified below:

- After the patient was delivered leave the enclosed area open and ventilated for at least 30 min to air out before decontamination should occur. Doors should remain open when cleaning the vehicle.
- Wear appropriate PPE and clean/disinfect non-patient care areas.
- Non-patient areas of the vehicle, such as the driver's compartment, may become indirectly contaminated, e.g., steering wheel, light switches, and dash features with a contaminated glove.
- Dispose of gloves if they become damaged or soiled or when cleaning is completed, in a sturdy leak-proof (e.g. plastic) bag that is tied shut and not re-opened.
- Never wash or reuse disposable gloves. Avoid activities that may generate infectious aerosols.
- Eye protection, such as a face-shield or goggles, may be required if splashing is expected.
- Frequently touched surfaces in patient-care compartments (including stretchers, railings, medical equipment, adjacent floorings, ceilings and work surfaces, door handles, radios, keyboards and cell phones) that become directly contaminated with respiratory secretions and other bodily fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be cleaned first with detergent and water and then disinfected.
- Clean hands following decontamination.

Helpful Links:

EPA List of Disinfectants to Use Against COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

SCOUT THE PATIENT

All personnel should visualize and plan the entire evolution of sending in an individual medic as a scout to evaluate and treat a potential COVID-19 patient. The role of the scout is to visualize the scene, perform an initial assessment, connect with the patient, and determine risk to others from exposure while at a safe distance of at least 6 feet. An effective way to gather needed information is through an across-the-room assessment. Use the COVID-19 Screening Tool here.

- **Respirations** (fast, slow, irregular, noisy, absent)
- **Mental Status** (conscious, alert, lethargic, unconscious)
- **Skin Signs** (pink, pale, diaphoretic)
- **Body Position** (comfortable, sitting, distressed, supine, prone)

INITIAL PATIENT ASSESSMENT PROTOCOL

- Treat ALL patients as though they are COVID-19 positive (until proven otherwise)
- Don appropriate PPE based on risk classification.
- Use a scout approach.
- Approach with minimal equipment to assess the patient and obtain vitals to minimize contamination.
- Consider using a second responder to assist with supplies.
- Medic will give a mask to the patient if they do not have one.
- If the patient requires oxygen therapy, place the mask over the delivery device.
- Provide appropriate treatment according to protocols.
- Contact Field Medic Assist 907-356-5865 or the local clinic/hospital if needed.
- The scout should mitigate unnecessary hazards for other personnel.
- Request all bystanders not directly involved with patient care to leave the area of evaluation and treatment.
- Identify the resources needed to move the patient.
- Personnel assisting with patient care must don proper PPE prior to entering the scene.

PATIENT TREATMENT PROTOCOL

Although not directly researched or tested, the exposure to wildfire smoke may potentially increase susceptibility to COVID-19 and may worsen severity of the infection.

- Active airway assistance with BVM, suctioning, intubation, CPAP, CPR, high-flow oxygen via non-rebreather and nebulizer treatments are considered high risk for pathogen exposure.
- BVMs should be equipped with HEPA/viral filters on exhalation port

- Use closed-circuit nebulizer kits (Circulaire II) if available to reduce aerosolization of pathogens.
- Consider keeping medical equipment sealed in plastic FMP packaging as much as possible to avoid exposing equipment unnecessarily.

TREATMENT

Place a surgical facemask on the patient unless clinically contraindicated.

Patient with Respiratory Difficulty/Distress

Consider early transport for anyone presenting with respiratory difficulty

- If patient is hypoxic, use oxygen on low flow 1-6 lpm via nasal cannula (NC) with surgical mask placed over NC if possible to keep saturation above 94%.

- Consider allowing the patient to assume a position of comfort, on their side or prone to help improve lung expansion and reduce pressure from the heart.
- Give albuterol via MDI using a spacer.
- Use closed-circuit nebulizer (Circulaire II) if available instead of MDI.
- When using nebulized medications, the preferred setting is outdoors or well ventillated area.
- Consider giving the patient epinephrine (1:1,000, 1mg/mL) 0.5mg (0.5mL) IM, repeat 2x as needed, in 5 minutes intervals.
- If unable to increase oxygen saturation or reduce dyspnea and work of breathing give high-flow oxygen via NRB mask with surgical mask over NRB.

- If patient needs additional airway assistance, consider BVM with HEPA/viral filter attached.

- Maintain a continuous seal with any BVM application (if possible, assign two personnel to BVM, one to secure and ensure the seal, the second to perform the ventilation).
- **Do not use CPAP.**
- Paramedics may consider giving the patient magnesium sulfate, 1g, slow IV push, dilute with 50ml NS bag. Administer over 10 minutes IV/IO by utilizing a 15 gtt set delivering 75 gtts/min (1.25 gtts/sec), contraindication - 2nd and 3rd degree heart blocks.

Patient in Respiratory Failure/Arrest

- Ventilatory support, use BVM with a HEPA/viral filter, consider a supraglottic airway instead of intubation for suspected/known COVID-19 patients.
- Maximize ventilation during these procedures.
- If patient requires CPR, make sure all personnel wear full (MEGG) PPE.

Advanced Airway Consideration

- Use an attached HEPA/viral filter.
- Perform needed aerosol-generating tasks (nebulizers, intubation, BVM ventilation) in a more open, ventilated area rather than confined setting.
- In confined settings ensure good ventilation - Ambulance: open windows, activate the heating, ventilation, and air conditioning (HVAC) system.
- Suctioning is known to cause aerosolization of particles - Consider using an Airway Box.

PATIENT TRANSPORT PROTOCOL

Appropriate safety measures will be employed by all medical personnel on the incident to provide the highest level of protection to everyone involved.

- Notify incident management personnel of the high-risk patient and their location. Incident personnel should secure the area and alert other personnel to only enter the area after donning PPE.
- Isolate the driver/pilot from the patient compartment as much as possible, using plastic draping, Plexiglas, etc. Best practice would be to get a dedicated vehicle assigned to the medical unit and have it already outfitted for this purpose.
- During transport in a vehicle, ventilation should be on non-recirculate mode to maximize air changes that reduce potentially infectious particles in the vehicle. If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
- Open the outside air vents in the driver area and turn on the ventilation fans to the highest setting.
- Nebulized breathing treatments must be performed on scene and **NOT** in the vehicle/aircraft. If emergency treatment is necessary during transport, do everything possible to minimize exposure for everyone.
- Airway management with BVM will continue throughout transport but N95 respirators should be worn by all personnel in the patient compartment. If a pilot is in the patient compartment area, try to use an "airway box" or plastic sheeting to separate the patient compartment. It is not necessary for the pilot to don a N95 respirator, but a mask is highly recommended.
- Patients should **NOT** be accompanied by individuals (e.g. crew rep) in the transport vehicle if possible.
- If a patient must be accompanied, place a mask on the individual and transport.
- When transporting the symptomatic patient's belongings/gear/equipment, place in a bag and label with their name.

TRANSPORT OF PERSONNEL WITH COVID-19 EXPOSURE PRECAUTIONS

Transportation Situations:

- Incident Medevac Non-Urgent (Green) or Urgent (Yellow or Red)
- Post-Treatment Transportation
- Confirmed COVID-19 Exposure/Positive Test Result

Incident Medevac Non-Urgent (Green) or Urgent (Yellow or Red)

Transportation for non-urgent or urgent medevacs from incidents will follow the standard process. Declare an emergency on the designated command channel, use the Medical Incident Report, and request the appropriate transport based on the nature of the emergency.

Risk Mitigation Factors to Consider and Implement

Patients will be assessed and treated as appropriate on the incident as if they are a potential risk for Covid-19 exposure, which will allow for the highest risk mitigation strategy. Currently we do not have the ability to test employees for COVID-19 on an incident and **treatment or transport should NOT be delayed**.

- If possible, a dedicated incident transport protocol for medevacs should be in place. Consider a dedicated incident helicopter, ambulance (if roadside) and/or transport vehicle (SUV or van)
- Part of the transportation plan should include recommended training and engineering controls, examples below:

Training

- COVID-19 transmission, infection, and decontamination protocols.
- PPE training: appropriate use, donning/doffing and re-use.
- Temperature screening training: operation, and decontamination of equipment
- Screening questionnaires used to determine level of risk for aircraft/transport vehicle personnel

Engineering controls

- Outfit transport vehicle with necessary safety measures, ex. Plexiglass/plastic sheeting dividing patient compartment from operator if safety is not compromised.
- Wear a cloth or disposable mask.
- Medics should be in full PPE (mask, eye protection, gown, gloves) if treating the patient for any respiratory related illness or performing aerosolized procedures
- N95 respirators are reserved for trained medical personnel only or for personnel that are assisting with treatment/transport of patient.
- Wash hands thoroughly with soap and water or hand sanitizer immediately following the transport.
- Follow decontamination after transport and consider showering and changing clothing if possible.

With proper PPE in place and effective risk mitigation, the risk for exposure remains low.

Post-Treatment Transportation

When personnel must be transported to/from a health care facility, mobilization center, airport, hotel, duty station, or home after treatment consider implementing the following safety measures:

- Have a dedicated patient transport vehicle assigned for this task

- Appropriate PPE (masks, eye protection, and gloves) should be worn by operators, according to CDC guidelines but do not jeopardize the safety of the operator by requiring PPE that interferes with operations.
- Outfit transport vehicle with necessary safety measures, ex. Plexiglass/plastic sheeting dividing patient compartment from operator if safety is not compromised.
- Have patient sit in rear of vehicle if possible, with cross ventilation. Do not recirculate air.
- After patient exits the transport, clean and disinfect all high touch surfaces e.g., doors, seatbelt, etc.
- Remove gloves, perform hand hygiene.

Confirmed COVID-19 Exposure/Positive Test Result

This scenario could happen due to personnel arriving on the incident from in-state or out-of-state travel and awaiting test results. Patient may be returning from treatment at the hospital/clinic awaiting test results. To mitigate the risk, take the following precautions until test results are known.

- Isolate the patient
- Have them wear a mask.
- Deliver meals and provide designated bathroom and sleeping facilities.
- PPE procedures should be followed as noted in the sections above.
- Follow decontamination protocols.

AFTER TREATMENT/TRANSPORT OF PATIENT

- Inform incident management, SOF1/2, or MEDL of the possible exposure to others involved with patient care.
- Isolate personnel.
- All personnel must wear a mask until hospital verification of patient disposition can be obtained.
- Follow standard hygiene practices and if necessary, shower and change clothing.
- Follow standard procedures for containing and laundering used clothing.
- All information regarding potential exposure of personnel involved should come directly from the MEDL/Lead Medic/Single Medic depending on the size of the incident.

INFECTION CONTROL OFFICER

It is recommended for incidents to appoint an Infection Control Officer (ICO), this role may be filled by a MEDL or SOF1/2, otherwise, contact the local Public Health Authority to establish a liaison for the incident that can fulfill these duties.

- Account for general well-being of crew, answer any questions, and help alleviate general anxiety surrounding the event.
- Be in direct contact with the hospital and determine patient disposition.

- If any personnel are found to have a COVID-19 exposure the ICO will contact personnel and ensure needs of the affected individuals are met.
- ICO will notify affected personnel when patient test results are received.
- Negative results: the ICO will release the affected personnel from isolation.
- Positive results: the ICO will give further direction regarding needed medical care (if any) and possible isolation.
- ICO will contact personnel frequently to ensure needs are met.

Remember, PUI are considered patients therefore, their privacy must be assured under Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

COVID-19 SCREENING TOOL

1. Have you	
Yes / No	Traveled from or through locations identified by the CDC as increasing epidemiologic risk for COVID-19 within the last 14 days? https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html
Yes / No	Had close contact with anyone diagnosed with COVID-19 within the last 14 days?
2. Do you currently have a	
Yes / No	Fever (>100.4°F) or chills
Yes / No	Cough or shortness of breath
Yes / No	Any two of the following: body aches, fatigue, headache, runny nose, nausea, vomiting, diarrhea, bilateral conjunctivitis, rash, any abnormal changes/loss of taste or smell.
3. Perform a temperature check _____°F Method: oral / forehead /temporal / ear	

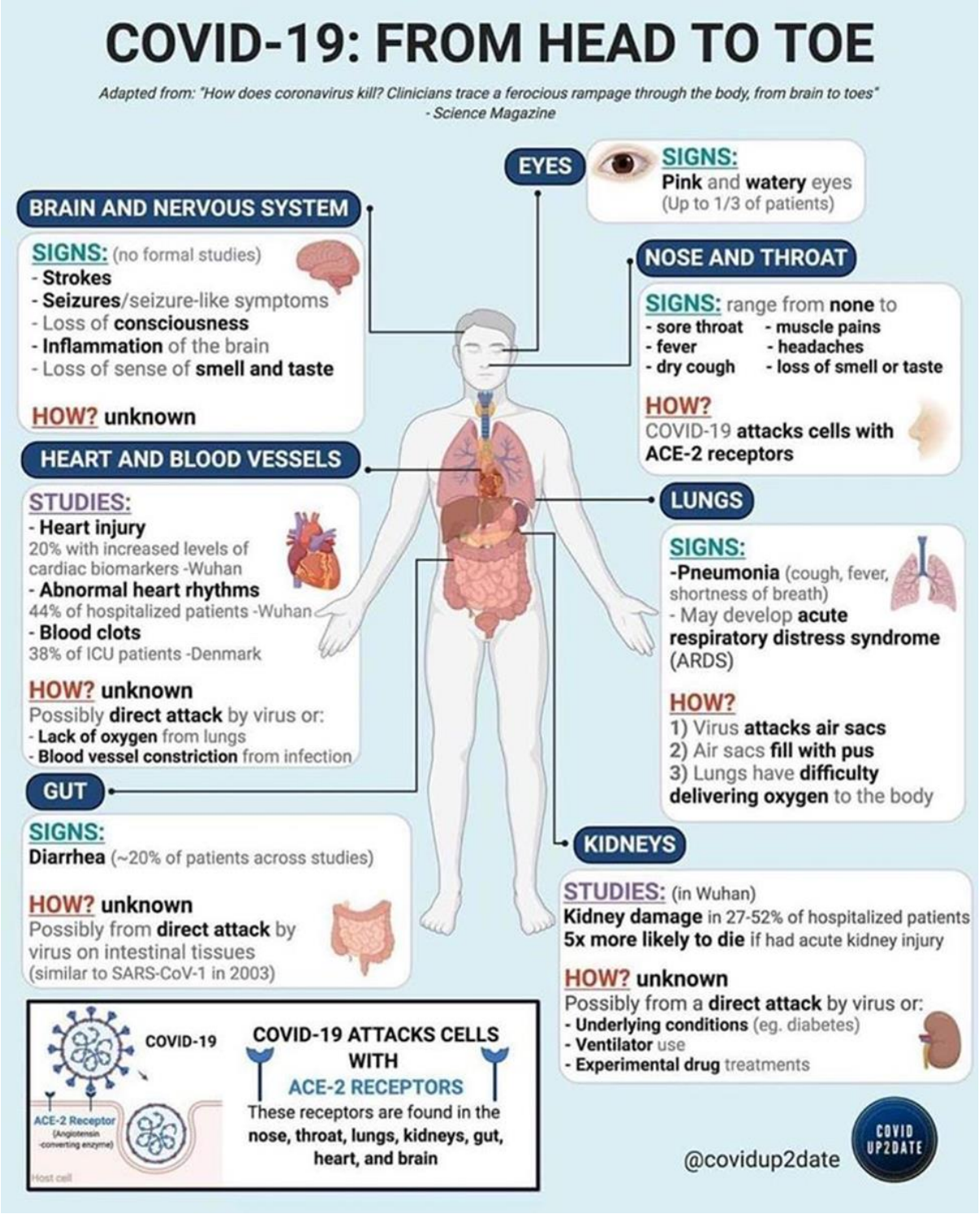
INSTRUCTIONS

Use this Screening Tool at the entrance to ICP or camps. Incident medics will screen all personnel who come to the Medical Unit.

Negative Screening: If answers to all the questions are NO, and there are no obvious signs of respiratory infection, e.g., frequent coughing, and temperature is < 100.4°F**,** continue check-in process or other duties.

Positive Screening: If answers to any of the questions are YES, *or* if the person has a temperature >100.4°F *or* if the person has obvious signs of a respiratory illness, ask them to wait in a separate area (6 feet from others or outside), and contact incident management.

APPENDIX B: COVID-19: FROM HEAD TO TOE



Alaska Interagency Fire Medic Program - COVID-19 Guide

Personal Daily Wellness Check Log

Anyone with a temperature reading over 100.4° F should seek a medical consult. Individuals with symptoms or who develop symptoms during their shift should report these to their supervisor immediately.

Date	Initials/Unique Identifier	Temp	Cough, difficulty breathing, shortness of breath, cold/flu symptoms, fatigue, chills, muscle/joint aches, headache, nausea, vomiting, diarrhea, loss of appetite, new loss or abnormal sense of taste or smell, new onset rash, and/or bilateral conjunctivitis

Personal Tracking/Travel Record

Name: _____

Date **Track from resource order date and time**	**Locations** **City, Airport**	**Other locations: Hotels, stores, offices, incident sections/divisions**	**Names of people in close contact with for more than 15 minutes***

**Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. They should stay home, maintain social distancing, and self-monitor until 14 days from the last date of exposure. (CDC, Contact Tracing, April 29, 2020)*

Medic PPE Order / Re-order

Fire _____ Medic/MEDL_____

Date Ordered _____ Date Sent _____

Time In: _____ Time Out: _____

	"S" Number	# of Items Ordered	Description	# of Items Sent	# of Items Backordered	Date Backorders Sent
1			1-Standard PPE Issue (all individually listed below) (Standard kit amount in parentheses) re-order as needed			
2			N95 Masks – (6) - Small			
3			N95 Masks – (6) – Medium			
4			N95 Masks – (6) – Medium/Large			
5			Surgical Masks – (20)			
6			Surgical Masks w/face shield (2)			
7			"Foamies" (1)			
8			Safety Glasses – (2)			
9			Thermometer IR-scanning – (1)			
10			Digital-under tongue – (2)			
11			Glove boxes of 100 - Small			
12			Glove boxes of 100 - Medium			
13			Glove boxes of 100 - Large			
14			Glove boxes of 100 - XL			
15			Dish-washing Playtex gloves – Medium			
16			Dish-washing Playtex gloves - Large			
17			Dish-washing Playtex gloves - XL			
18			Isolation gown – pack of (5) – generic size			
19			Hand Wipes – box of 100			
20			Disinfecting wipes-pop up tub of 135			
21			Bleach in 16oz graduated bottle			
22			Spray Bottle for Bleach Solution			
23			Hand Sanitizer – (2) 8oz pump bottles			
24			Hand Sanitizer – (2) 4oz personal use			
25			Blue shop towel roll – (1)			
26			White cloth cleaning rags – (4)			
27			Biohazard Red bag – 33 gallon – (1)			
28			Biohazard Red Bag – 55 gallon – (1)			
29			Cloth Mask – necktie – (20)			
30			Cloth Mask – Small ear loop – (20)			
31			Cloth Mask – Large Ear loop – (20)			
32			Paracord for clothesline (20')			
33			Metal clips for clothesline – (20)			
34			409 Cleaner spray bottles for vehicles – (1)			
35			409 Cleaner			
36			Soap (liquid)			

Medic Supplemental Order / Re-order

Fire _____ Medic/MEDL_____
Date Ordered _____ Date Sent _____
Time In: _____ Time Out: _____

	"S" Number	# of Items Ordered	Description	# of Items Sent	# of Items Backordered	Date Backorders Sent
1			BVM HEPA Filter			
2			Closed-circuit Nebulizer (Circulaire II)			
			Items sent with Medic Tent			
3			Flagging/Caution Barrier Tape			
4			Generator w/Extension Cords			
5			Lights			
6			Fan(s) Battery			
7			Fan(s) Floor-Standing, Pedestal			
			Other Items as requested			
8			Head Net(s)			
9			Shoe Cover(s)			
10			Tyvek Suit(s)			

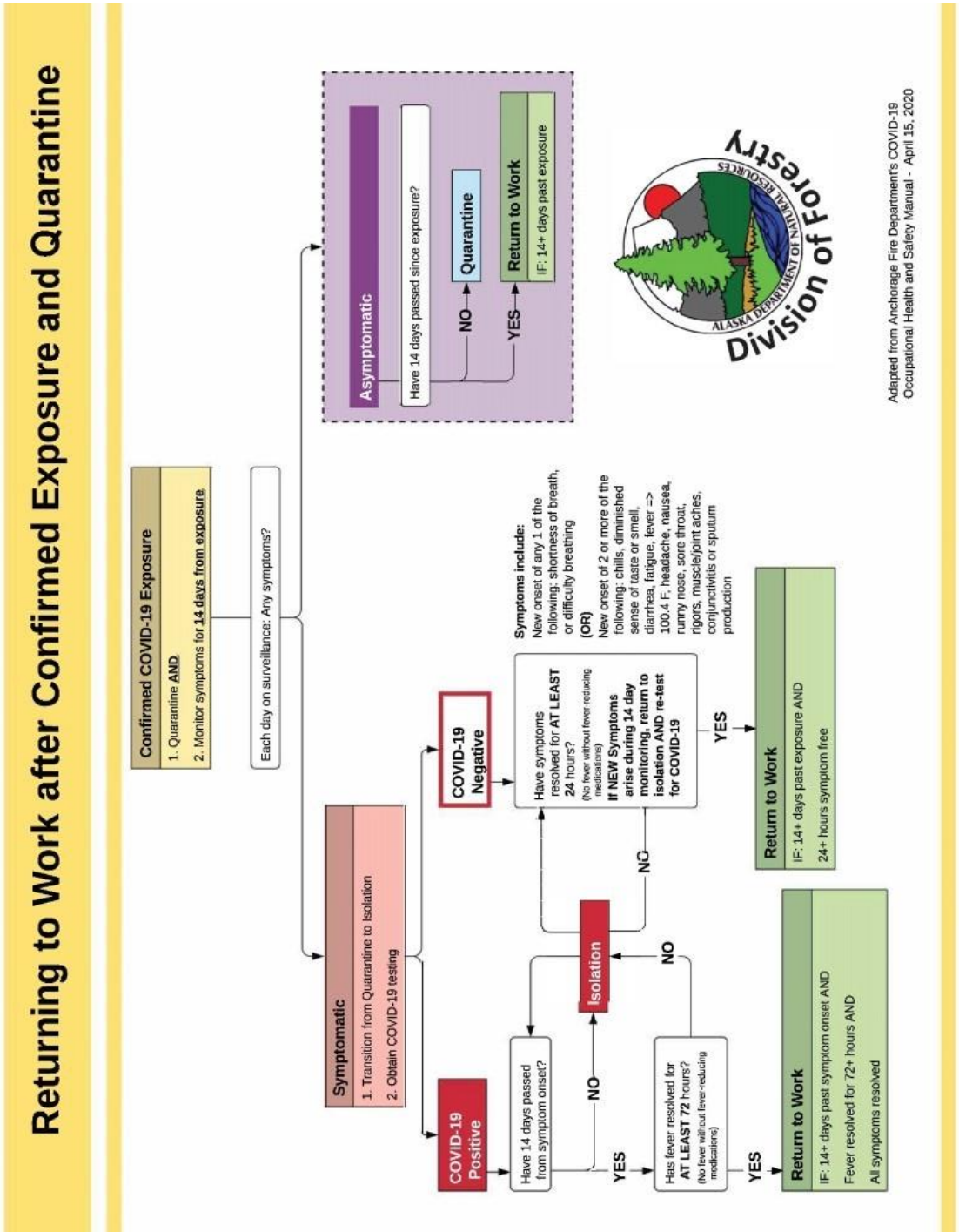
Page _____ of _____

Decontamination Record

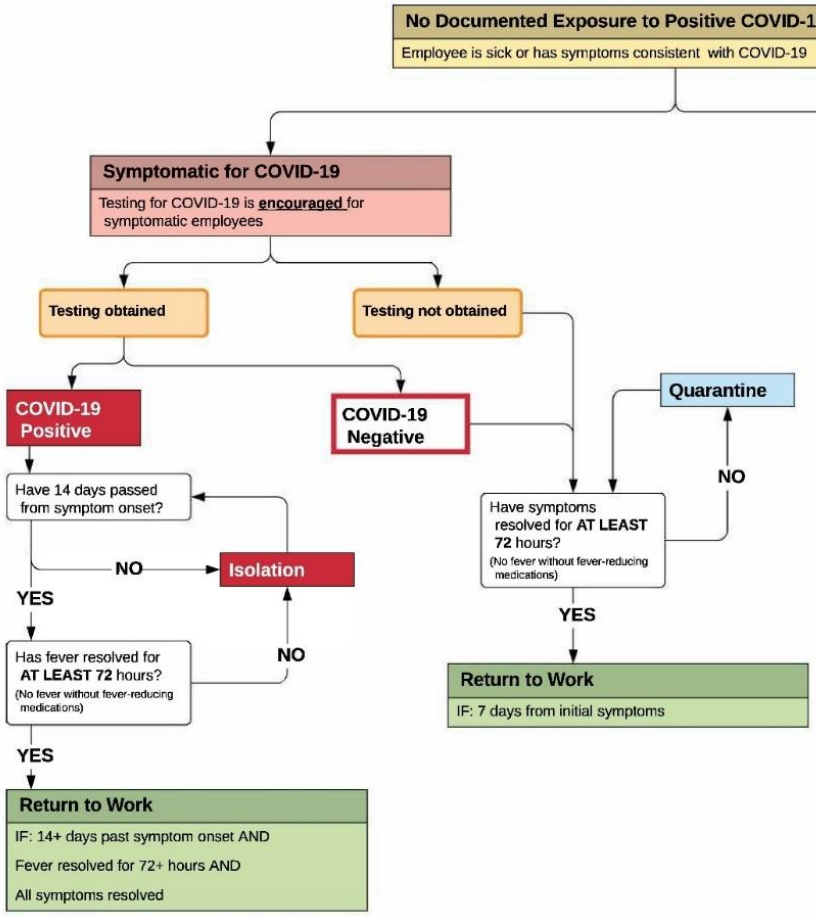
Date/Time/Initial

Date/Time	List of Equipment Used	Medical Unit	Treatment Area	Rain Fly Area	Wash Area	Bathroom Facilities

APPENDIX D: RETURN TO WORK FLOWCHART EXAMPLES



Returning to Work - Symptomatic Employees with No Documented Exposure



Symptoms include:

New onset of any 1 of the following: shortness of breath, or difficulty breathing

(OR)

New onset of 2 or more of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, fever => 100.4 F, headache, nausea, runny nose, sore throat, rigors, muscle/joint aches, conjunctivitis or sputum production

Division of Forestry

Adapted from Anchorage Fire Department's COVID-19 Occupational Health and Safety Manual - April 15, 2020

APPENDIX E: MEDICAL UNIT MANAGEMENT

Incident Management Team Areas/Incident Command Post

- Follow current CDC guidelines for physical distancing and wearing masks.
- Consider operating from an off-incident hub or forward operating base to minimize staffing congestion and encourage resource distancing.
- Consider sending crews directly to the incident to minimize potential for exposure.
- An initial verification of wellness should be performed on arrival to the incident by designated and trained incident personnel.
- Expect increased Medical Unit staffing needs and order resources as needed. Commonly available resources may be limited (e.g., ambulances, equipment, and local services).
- Brief/Educate/Train incoming incident personnel and medical resources on current practices and protocols to include donning/doffing and re-use/disposal of PPE.
- Prepare daily briefings with current information on COVID-19 for incident management and unit staff.
- Promote self-monitoring using the Personal Daily Wellness Check Log.
- Confirm/verify local clinics, hospitals, resources and/or services to include COVID-19 testing procedures.
- Obtain current forms and perform documentation as appropriate: Screening Tool, Decontamination Record, Personal Tracking/Travel Record, Personal Daily Wellness Check Log.
- Provide clear informational signage throughout incident areas.
- Daily updates in statistics and trends will be communicated to the designated Safety Officer.
- Transport of symptomatic individuals should be with qualified medical or incident personnel or incident personnel utilizing appropriate PPE as recommended by federal, state, and local health authorities.

Medical Unit and Triage Areas

- Set up tent or weatherport with an additional tarp or rainfly for outdoor unit visits and distancing strategies
- Identify the purpose of each unit with accurate, clear signage (Medical Unit, Treatment/Decontamination Area, etc.)
- Staff as needed.
- Triage incident personnel upon arrival to unit for routine care or minor/serious complaints.
- Provide supplies (OTCs, foot care, wound care, skin care, etc.) for multiple days to reduce traffic to the unit.
- Identify containers for collecting disposable PPE and PPE to be sanitized for re-use.

- Diligently follow the donning/doffing, hand hygiene, and decontamination outlined in this guide.
- A Decontamination Record will be posted in appropriate locations. Completion of cleaning tasks will be documented at appropriate intervals.
- Avoid cross contamination when moving between isolation and other medical unit areas.

Isolation Area

- Set up tent or weatherport with an additional tarp or rainfly for treating symptomatic patients. This space is only used for temporary isolation.
- Locate at a safe distance from the regular Medical Unit and away from the main path of camp. Use flagging and signage to designate the isolation area.
- If anyone screens positive, they should be referred to the nearest testing facility.
- If testing results are positive, incident management will coordinate the patient's transportation to the testing facility.
- Clear documentation of tracking and dates of possible exposure to COVID-19 are essential.
- Avoid cross contamination, when moving between the isolation area and other areas by diligently following the donning/doffing, hand hygiene, and decontamination procedures.
- Provide a container for collecting disposable PPE and a container for PPE to be decontaminated for reuse just outside the patient area.
- If a patient is in isolation and/or waiting for transportation, testing, or test results, they may isolate in their own personal tent within the isolation area.
- Designate hand washing stations and bathroom facilities.
- Meals, drinks, and supplies should be delivered to the patient by a designated individual. Ideally, the same person daily.
- Each patient should be checked on frequently by medical personnel while in camp, with documentation on PCR and Addendum pages.

Call FMP Med Assist 907-356-5865 with any questions or concerns.

APPENDIX F: HOSPITALS, CLINICS, AND TESTING FACILITIES

Emergency Room and Hospitals

Anchorage:		
	Alaska Regional Hospital Emergency Room:	907-264-1222
	Providence Alaska Medical Center Emergency Room:	907-212-3111
	Alaska Native Medical Center Emergency Room:	907-729-1729
Bethel:		
	Yukon-Kuskokwim Health Corp. Hospital:	907-543-6395
Dillingham:		
	Kanakanak Hospital Emergency Room:	907-842-9371
Fairbanks:		
	Fairbanks Memorial Hospital Emergency Room:	907-458-5556
Glennallen:		
	Crossroads Medical Center: Urgent Care 24/7:	907-822-3203
Homer:		
	South Peninsula Hospital:	907-235-0282
Juneau:		
	Bartlett Regional Hospital Emergency Room:	907-586-8427
Ketchikan:		
	PeaceHealth Medical Center Emergency Room:	907-228-7601
Kodiak:		
	Providence-Kodiak Inland Hospital Emergency Room:	907-486-9578
Kotzebue:		
	Maniilaq Health Center Emergency Room:	907-442-7208
Nome:		
	Norton Sound Regional Hospital Emergency Room:	907-443-3203
Palmer:		
	Mat-Su Regional Medical Center Emergency Room:	907-746-5123
Seward:		
	Providence-Seward Medical Center Emergency Room:	907-224-2846
Soldotna:		
	Central Peninsula Hospital Emergency Room:	907-714-4444
Valdez:		
	Providence -Valdez Medical Center Emergency Room:	907-834-1828

COVID-19 Testing Facilities

Location/Clinic	Contact	Testing Type	Notes: Contact clinic for admission instructions
Aniak	907-675-4556	Rapid	
Arctic Village	907-587-5229	Rapid	
Bettles/Evansville		Rapid & PCR	
Delta (after hours)	907-895-6233 907-895-5100	Rapid	
Denali-Canyon (currently closed)	907-683-4433		
Eagle	907-547-2243	Rapid	
Ft. Yukon	907-662-2462	Rapid & PRC	
Galena	907-656-1266	Rapid & PCR	
Glennallen (CRNA)	907-822-5241	Rapid & PCR	
Healy	907-683-2211	Rapid	
McGrath	907-524-3299	PCR	Flights only Tues & Thurs, specimen is only viable for 72 hours, testing will be done to coincide with scheduled flights.
Camai	907-246-6155	PCR	Results in 3-4 days
Ruby (after hours)	907-468-4433 907-468-1188	Rapid	
Talkeetna	907-733-2273	none	Provider referral required and only performed at the Willow clinic.
Tanana	907-366-7222	Rapid	
Tok (Upper Tanana Clinic)	907-883-5855	Rapid	
Unalakleet (nurse line)	907-624-3535 907-443-6411	PCR	Testing only: Mon, Tues, Wed, Thurs & sent out. Results return in 1 week.
Willow	907-495-4100	Rapid	

The Rapid Diagnostic Test (RDT) is suitable for preliminary or emergency medical screening. Test results are usually received with a quick turnaround, 30 minutes to 2 hours.

Polymerase Chain Reaction Test (PCR) used to directly detect the presence of an antigen. This test is more reliable and is processed in a lab. Return of results are variable, 24-72 hours on average and in some cases up to 7 days.

APPENDIX G: DONNING/DOFFING

What You Need

putting PPE **ON**

M = Mask
E = Eyewear
G = Gown
G = Gloves


N95 Mask


Eyewear or face shield


Gown


Gloves

Mask

1. **Remove** any personal items and jewelry and put in secure location, not in pockets.

2. **Sanitize** hands.

3. **Put on** N95, ensuring proper seal. **Ensure** straps are not crossing.

4. **Place** hands over the front of the N95. **Breathe** an easy deep breath in and out.

If you **feel** air escape the edges, **refit** and **repeat**.

Eyewear + Gown + Gloves

5. **Sanitize** hands if you are reusing your mask.

6. **Put on** protective eyewear or face shield.

7. **Put on** contact gown outside room.

Open-end **faces** your back.

Tie the back of the gown.

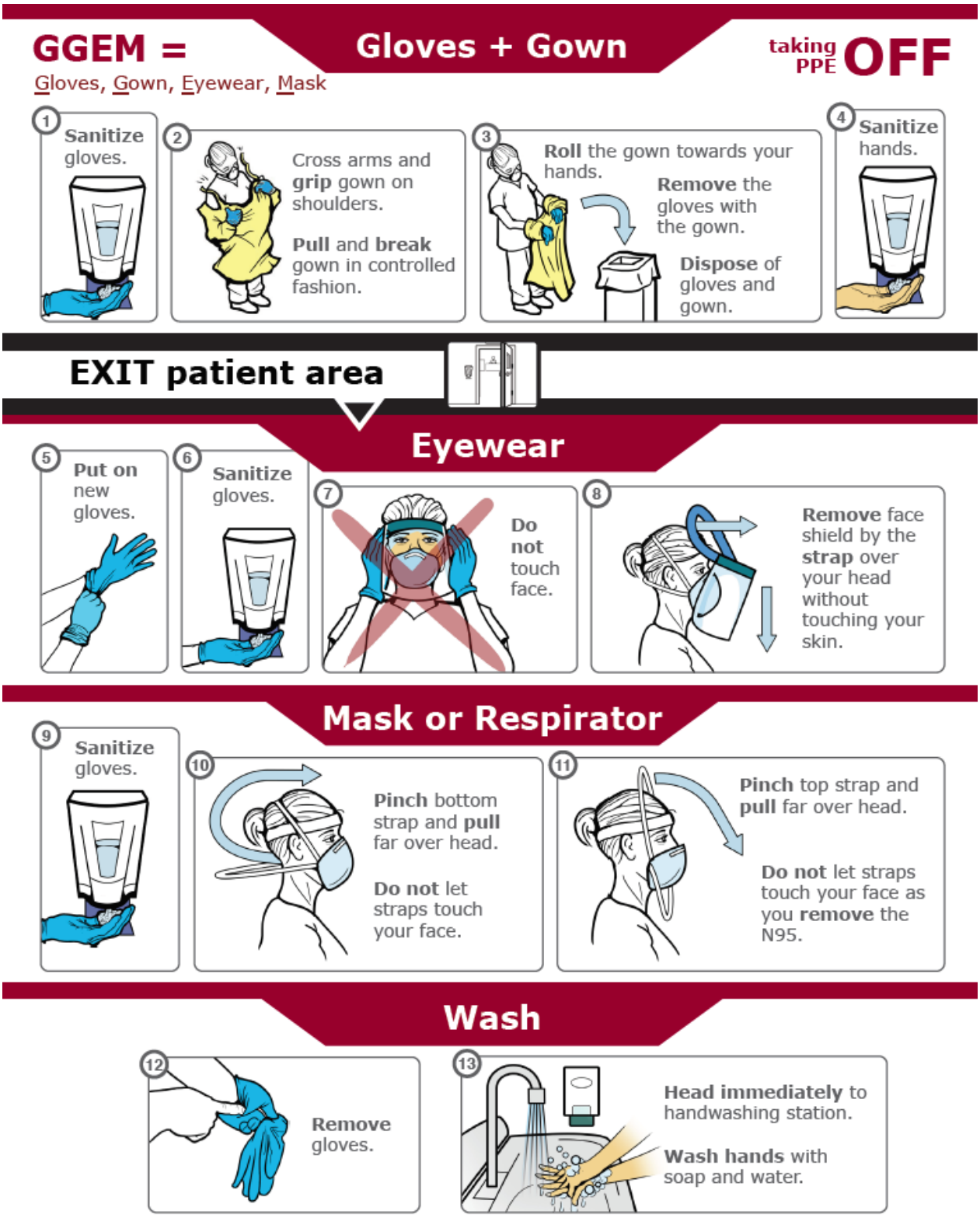
8. **Put on** gloves over the cuffs of the gown.

Sanitize + Contact

9. **Sanitize** gloves.

10. **CONTACT patient**

11. **Do not** touch face or re-adjust N95 or face shield while contacting patient.


GGEM =
Gloves, Gown, Eyewear, Mask
Gloves + Gown
taking PPE OFF
1 Sanitize gloves.
2 Cross arms and grip gown on shoulders.
Pull and break gown in controlled fashion.
3 Roll the gown towards your hands.
Remove the gloves with the gown.
Dispose of gloves and gown.
4 Sanitize hands.
EXIT patient area
Eyewear
5 Put on new gloves.
6 Sanitize gloves.
7 Do not touch face.
8 Remove face shield by the strap over your head without touching your skin.
Mask or Respirator
9 Sanitize gloves.
10 Pinch bottom strap and pull far over head.
Do not let straps touch your face.
11 Pinch top strap and pull far over head.
Do not let straps touch your face as you remove the N95.
Wash
12 Remove gloves.
13 Head immediately to handwashing station.
Wash hands with soap and water.

APPENDIX H: RESOURCES

Resources used in creating this guidebook:

Alaska Department of Health and Social Services
http://dhss.alaska.gov/Pages/default.aspx

Consolidated list of COVID-19 Resources
http://www.cidrap.umn.edu/covid-19

Current CDC Guidance on What to Do if You Become Sick
https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html

Division of Forestry COVID-19 Handbook
http://www.forestry.alaska.gov/covid

Seattle King County COVID-19 Resources
https://www.emsonline.net/Announcements/Infectious-Disease-Safety-Procedures.aspx

Wildland Fire Response Plan COVID-19 Pandemic - Alaska Geographic Area
https://www.nifc.gov/fireInfo/covid-19.htm