

**Los Angeles Fire Department
Coronavirus Fact Sheet****What are the symptoms of coronavirus?**

The symptoms of the coronavirus mimic those of the common flu (fever, cough, body aches, weakness, and fatigue) along with shortness of breath. Patients with these symptoms and confirmed travel from Wuhan, China within the last 14 days of symptom onset or close contact with a patient infected with coronavirus should be considered to be potentially infected.

The highest likelihood of encountering a patient with suspected coronavirus is at the Los Angeles International Airport (LAX) since LAX is a major hub for patients from the Far East.

How many people have been infected in the United States?

While the Coronavirus continues to spread throughout the world, there have been 14 confirmed cases in the United States as of February 26, 2020, with 445 total people tested.

How many coronavirus transports has the LAFD made?

One – at LAX on January 22 at 23:37. The patient was very high risk with known coronavirus contacts.

What steps are being taken to ensure LAFD members remain safe?

It starts when a call is received at Metropolitan Fire Communications (MFC). MFC dispatchers are now screening callers who complain of flu-like symptoms or shortness of breath about recent travel to China or contact with a known Coronavirus patient before creating an incident.

What criteria does MFC use to determine if someone is infected with the coronavirus?

Patients should be suspected to be infected with COVID-19 if they meet the following criteria:

1. Fever, headache, sore throat, shortness of breath/difficulty breathing, or cough
AND
2. Travel from China within the past 14 days or close contact with a person under investigation for Coronavirus

How does MFC relay the message to responding members?

If the patient meets dispatch screening criteria, the comment: *"Suspected Coronavirus patient - don PPEs"* will appear with the incident information and MFC will attach an EMS Captain to the incident.

This preliminary dispatch screening does not supersede the need for members on scene to determine the level of suspicion for COVID-19 during the patient assessment as 911 callers are often third party and not aware of the patient's travel or exposure history.

The purpose is to provide situational awareness so responding members can don proper PPEs before making patient contact and for EMS Captains to provide guidance in terms of patient destination.

What kind of equipment/gear do LAFD members have should they respond to a coronavirus call?

All members must don the proper PPEs when dispatched on a suspected COVID-19 patient or if the patient exhibits flu- like signs and/or symptoms. Members shall have a low threshold of suspicion for COVID-19 infection for determining the use of PPE's.

All Station Commanders shall survey their commands daily to ensure members have the proper PPEs for suspected COVID-19 incidents which are all located within Communicable Disease Exposure Kits that are available through Medical Supply at the Shops.

Proper PPEs include:

- a. Safety eye goggles
- b. P-100 mask (or N-95)
- c. EMS Gloves
- d. Disposable gown
- e. Surgical masks (or oxygen mask, if indicated) to be placed on the patient

What is the protocol for transporting infected patients?

Members should:

- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the ambulance, if possible. If riding in the ambulance, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- During transport, vehicle ventilation in both compartments should be on non-recirculated 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.
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.

Once the patient is transported, what's the protocol to deter further contamination?

Upon arrival to the Emergency Department and after the patient is released to the facility, EMS personnel remove and discard PPE into a hazardous waste (red) bag, and thoroughly wash their hands.

When members return to the Fire Station, they thoroughly clean the ambulances by ventilating it, disinfecting all surfaces with an EPA-registered, hospital-grade disinfectant.

Additionally, they clean and disinfect reusable patient-care equipment (gurney, rails, control panels, floors, walls).

If you have any questions, please contact the Emergency Medical Services Bureau at (213) 978-3533.