



Coronavirus Disease 2019 (COVID-19) Emergency Medical Services (EMS) Guidance

EMS services must work with their physician medical directors, healthcare facilities, local health departments, and Public Safety Answering Points (PSAPs)/dispatch centers. This guidance is to establish best practice when caring for persons with confirmed or suspected COVID-19 infection and follows the U.S. Centers for Disease Control and Prevention (CDC). This guidance is to provide a summary only. Detailed information provided by the CDC regarding screening, transport, personal protective equipment (PPE), safe practices, and decontamination can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Symptoms

- Symptoms may include (mild to severe): fever, cough, and/or shortness of breath;
- May appear 2-14 days after exposure.

Personal Protective Equipment (PPE) use with Confirmed or Suspected Patient

If you are directly involved with the care of or in the compartment with a confirmed or suspected COVID-19 patient use the following recommendations:

- N-95 or higher-level respirator. These should be fit tested to ensure appropriate fit:
 - Facemasks may be used if a respirator is not available;
 - NOTE: When performing procedures that require aerosol-generating equipment, N-95 respirators should be used for a higher level of protection;
 - Fit testing information:
<https://www.cdc.gov/niosh/npptl/hospresptoolkit/fittesting.html>
- Wear eye protection – a full face shield is preferred; goggles if full shield is not available;
- Disposable patient examination gloves (single pair), and isolation gowns;
- Drivers should wear all recommended PPE while doing/assisting with patient care. Remove all PPE, with the exception of the N-95, and perform hand hygiene **PRIOR** to entering the driver compartment;
- Do not touch your face until after performing proper hand hygiene; and,
- Once the patient care has been transferred to the facility, EMS should remove and discard PPE and perform hand hygiene.

Guidelines for donning and removal of PPE:

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/ppe.html>

Aerosol-Generating Procedures

Prior to performing aerosol-generating procedures:

- Contact medical control;
- N-95 or higher respirators are recommended;
- Use a high degree of caution when performing these types of procedures: bag valve mask (BVM), suctioning, intubation, nebulizer treatments, continuous positive airway

pressure (CPAP), or cardiopulmonary resuscitation (CPR). Ventilatory equipment should be equipped with HEPA filtration systems for expired air; and,

- If possible keep rear compartment doors open during procedure.

Cleaning after Transport

- Leave patient compartment rear doors open to allow for air exchanges;
- Wear disposable gown, gloves and goggles or facemask if splashes are anticipated;
- Routine cleaning and disinfection are appropriate. Disinfectants should be qualified by the EPA for use on SARS-CoV-2. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>;
- Clean and disinfect vehicle, all surfaces, reusable patient care equipment, etc.;
- Avoid shaking linen; and,
- Follow your standard operating procedures for containment, disposal, and laundering.

Patient Assessment

- Has patient travelled internationally or travelled from an area with community transmission of COVID-19 within past 30 days
- Put on appropriate PPE if notified by PSAP or dispatch of confirmed or suspected COVID-19 infection before entering the scene;
- Start initial assessment 6 feet away from patient to minimize contact until COVID-19 suspicion can be ruled out;
- Place a facemask on the patient. Oxygen may be administered by nasal cannula under the facemask if necessary; and,
- Reduce the number of crew that come in close contact with the patient on scene and in the patient compartment to minimize exposure.

Patient Transport

- Notify receiving facility by cell phone of patient exposure history and signs and symptoms;
- Keep patient separated from others as much as possible;
- Do not let family or others ride in the ambulance;
- Try to isolate the patient compartment from the driver compartment;
- If unable to isolate driver compartment, turn on the patient compartment exhaust fan and driver compartment ventilation fan to highest setting and to create negative airflow;
- Wheel patient directly to exam room for patient care transfer.

Miscellaneous

- Complete documentation in eNARSIS or Patient Care Reporting system;
 - Documentation should include EMS personnel, students, law enforcement, and anyone else present in contact with the patient, PPE used, and level of contact;
- Report to state and/or local health officials as needed;
- Develop exposure and risk management plans for staff;
- Notify chain of command immediately of any exposure;
- Review and train on:
 - Infection control policies
 - Prevention of infectious diseases; and,
- Proper PPE use and fit.