

COVID-19 Guidance for Emergency Medical Services (EMS)

(Revised 07 December 2020)

Public Health Communication

Do not call Public Health to report suspected COVID-19 cases. Healthcare providers and/or laboratories will inform Public Health about new cases.

Call Public Health with questions that **cannot be answered by your agency's medical director or infection control officer**, or for clarification on this guidance: 602-506-6767.

Public Health will notify your agency about positive cases that you transported. **EMS does not need to test or quarantine staff that treated or transported patients suspected or confirmed to have COVID-19 so long as appropriate PPE was worn during the encounter.** EMS does not need to report exposures to Public Health. See the section "EMS responsibilities" for more information.

Recommended Personal Protective Equipment (PPE)

EMS providers who will directly care for a patient with **symptoms of COVID-19* infection** or who will occupy the compartment with the patient should follow **Standard, Contact, and Droplet Precautions, including the use of eye protection.**

- **Recommended PPE includes:**
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated
 - Disposable isolation gown
 - Surgical mask (or N95 respirator if available)
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
- If the transport vehicle does not have an isolated driver's compartment, the driver should remove the face shield or goggles, gown, and gloves and perform hand hygiene. A mask should continue to be used during transport and should be changed if torn or contaminated.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS providers should remove and discard any donned PPE, and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

Transporting Patients

If a patient with an **exposure history or symptoms suggestive of COVID-19* (e.g., fever and respiratory symptoms)** requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- **EMS providers should notify the receiving healthcare facility** that the patient has an exposure history and signs and symptoms suggestive of COVID-19* so that appropriate infection control precautions may be taken prior to patient arrival.
- **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 transport vehicle, if possible.** If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - 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.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>).
- 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.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into designated room and limit time in public areas of the healthcare facility.)

Cleaning EMS Equipment

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a person suspected to have COVID-19:

- When cleaning the vehicle, EMS providers should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
 - “[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.”
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, “1-800” consumer information services, social media sites and company websites (non-label related). Specific claims for “SARS-CoV-2” will not appear on the product or master label.
 - See [additional information about EPA-approved emerging viral pathogens claims](#).
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.

Considerations for Aerosol-Generating Procedures

- **If possible**, consult with agency medical control before performing aerosol-generating procedures for specific guidance, **except if the patient** is critically ill, deteriorating rapidly, or is in arrest or impending arrest situation.
- In addition to the PPE described above, **EMS clinicians should wear a N95 respirator and exercise caution if an aerosol-generating procedure** (e.g., bag valve mask [BVM] ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure [CPAP], bi-phasic positive airway pressure [BiPAP], or resuscitation involving emergency intubation or cardiopulmonary resuscitation [CPR]) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
 - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened, and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

EMS Agency Responsibilities

The responsibilities described in this section are not specific for the care and transport of patients suspected to have COVID-19 or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up to date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS providers with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS providers are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS providers are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respirator training videos](#).
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS providers and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

EMS Agency Responsibilities (continued)

Employee Exposures and Quarantine:

- **Exposure** requires close contact (being within 6 feet of the infectious person for cumulative total of 15 minutes or more over a 24-hour period or any physical contact) while not wearing all the recommended PPE.
- **Non-essential employees** who are household members or close contacts of someone who has tested positive for COVID-19 (or has COVID-like illness and is waiting on test results) should follow MCDPH [Quarantine Guidance](#) by staying at home and away from others for 10 days after their last exposure.
- **Essential employees** (e.g. EMS workers) who were identified as close contacts but **do not have any symptoms** consistent with COVID-19 may continue to work during the quarantine period, **so long as they remain asymptomatic, wear a face mask** when within 6 feet of other people, and self-monitor for any new symptoms for 14 days.

Employee Screening and Isolation:

- Reinforce that **employees should not report to work when ill.**
- **Regularly monitor all employees for symptoms** consistent with COVID-19* or an acute respiratory illness (e.g., employees could be expected to monitor their temperature and any symptoms twice a day or before working a shift). Symptoms may appear 2-14 days after exposure to the virus.
- **DO NOT** require a healthcare provider's note or positive COVID-19 test result of employees who are sick with acute respiratory illness to validate their illness or qualify for leave (e.g. for isolation).
- **If employees develop any symptoms consistent with COVID-19* (fever or respiratory symptoms) while at work, they must:**
 - **Cease contact** with patients.
 - **Put on a facemask** immediately (if not already wearing) and avoid others.
 - **Notify** their supervisor or occupational health services, **then go home** and follow the MCDPH [Home Isolation Guidelines](#).
 - **Consult with their healthcare provider** concerning their illness and PCR or antigen testing for COVID-19.
- Employees with symptoms **or** who have tested positive for COVID-19 should **not** return to work until they have completed the recommended [home isolation](#) period.
- **DO NOT** require a negative COVID-19 test or healthcare provider's note for an employee to return to work after they have met the criteria for [release from isolation](#).
- Workers returning after completing isolation **must wear a facemask at all times until any remaining symptoms have resolved completely** or returned to baseline.
- Public Health does **not** need to be notified of ill employees.

***Symptoms of COVID-19:**

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| ○ fever (>100.4°F) | ○ chills | ○ fatigue |
| ○ cough | ○ shortness of breath | ○ difficulty breathing |
| ○ muscle or body pain | ○ headache | ○ new loss of taste or smell |
| ○ sore throat | ○ congestion or runny nose | ○ nausea, vomiting, or diarrhea |

Chronic conditions like allergies or asthma are not considered an acute respiratory illness and do not require exclusion from work. Check the CDC website for the [latest list of symptoms](#) of COVID-19.